***Form II-* Observation Reflection Form**

Name       School

Evaluator

Date of Pre-Conference       Date/Time of Observation

Date of Post-Conference

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| **What went well with the lesson?** |
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| **What would I do differently if you taught this lesson again?** |
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| **How do I know the students understood the objectives of the lesson?** |
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| **Which of your teaching skills would you like to further develop? What supports do you need?** |
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