

Intern Observation Form

Date: _____

Your Name: _____

Time In: _____ Time Out: _____ Total Time Spent Observing: _____

Teacher Observed: _____

District: _____ Campus: _____

Subject(s) Observed: _____

Lesson Presentation:

Describe the lesson presentation. Include activities and how the teacher involved the students.

Classroom Management:

Describe techniques the teacher used and how he/she maintained an orderly classroom.

FAX this completed form to Texas Teachers at the end of each semester.

Additional copies of this form are available for download at TexasTeachers.org under 'Important Resources.'

FAX: 713.458.1661

Toll Free Phone: 1.877.888.2640

www.TexasTeachers.org