***Iowa Valley Community Schools Observation Reflection Form***

**Name: Folder#**

**School:**

**Grade/Content Area:**

**Observation Date: Time:**

**Post Observation/Conference Date : Time:**

**1. As I reflect on the lesson, to what extent were students productively engaged?**

**2. Did the students learn what I intended? Were my instructional goals met? How do I know?**

**3. Did I alter my goals or instructional plan as I taught the lesson? If so, why?**

**4. If I had the opportunity to teach this lesson again to this same group of students, what would I do differently? Why?**

**5. Provide several samples of student work related to this lesson. The samples should reflect the full range of student ability in your class and include the feedback you provide to students on their papers.**

**6. List the Iowa Teaching Standards/Criteria that were related to this lesson.**

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**Teacher’s signature/date Administrator’s signature/date**