

**ELIZABETHTOWN AREA SCHOOL DISTRICT
TEACHER DROP-IN OBSERVATION FORM**

Teacher:

Observation Date:

Subject/Course:

Time In:

Grade Level(s)

Time Out:

Number of Students in Class:

Part of Lesson Observed:

Activating Strategy

Cognitive Teaching Strategy

Summarizing Strategy

Other

Observation Narrative:

Observation Comments/Questions:

1.

2.

3.

Administrative Signature: _____

Date: _____

Teacher Signature:* _____

Date: _____

- My signature does not necessarily mean that I agree with the drop-in evaluation.