



Parent Observation Form

Teacher: _____ Observer/Child: _____

Observation Areas	Parent Comments
1. SUBJECT MATTER AND CONTENT Did the teacher understand the skill being taught? Were the lesson activities and instruction well-planned and implemented? How well did the teacher begin and end the lesson?	
2. ORGANIZATION & MANAGEMENT Is the room organized and clean? Was the room inviting? Was student work displayed? Was the class well managed? Were students able to move around?	
3. ENGAGEMENT Was the teacher respectful and positive? Did the teacher keep the students interest? Did the teacher have the students' attention during the lesson?	
4. TEACHING METHODS Did the students understand the teacher's directions? Did the teacher add materials, learning aids, and technology to the lesson? Did you observe the students working in centers, whole group, or small groups?	
5. ASSISTING STUDENTS Did the teacher walk around the classroom? Did the teacher help the students if they were struggling?	
6. INTERACTIONS Did the teacher encourage students to engage with each other? Did the teacher interact with students by giving them feedback?	

Date and Time of Observation (must be a minimum of 30 minutes): _____ Teacher Initials: _____

Based on your observation, would you recommend placing your child in this classroom?