

Teaching and Learning Observation CHECKLIST

(These are what to look out for when observing a lesson/activity within a classroom)

Date: _____ Class: _____ Teacher: _____

Time-in: _____ Time-Out: _____ No. of children: _____ Observer: _____

S/ NO	Expectations	YES	NO	NOT REALLY
	Children			
Observe to see if the children:				
1	Greeted you			
2	Followed instructions			
3	Took turns			
4	Solved problems with words rather than aggression			
5	Asked questions			
6	Worked independently			
7	Worked well in a group			
8	Communicated well with their classmates			
9	Communicated well with the teacher			
10	Tidied up after themselves			
TEACHING AND LEARNING				
Observe to see if the teacher:				
1	Mentioned the subject/Area of Learning			
2	Mentioned the topic/theme/activity for the day			
3	Stated or wrote down the learning objective			
4	Had resources ready for use			
5	Utilized different lesson structures (Whole group, small groups, pairs, individual)			
6	Interacted well with learners			
7	Used the open-ended questioning technique			
8	Gave learners enough thinking time			
9	Used technology to present the lesson at any point			
10	Met the learning needs of the children with different learning styles			

11	Showed success criteria for tasks given			
12	Used any method of on-going formative assessments			
13	Demonstrated good knowledge of subject or concept taught			
14	Presented different ways of reasoning or solving problems to the learners			
15	Made provisions of another activity to engage learners who finished tasks on time			
16	Circulated the class to support learners			
17	Involved the class assistant in activities			
18	Informed the children about transition from one activity to the other			
19	showed good transition from one activity to the next			
20	Managed learners behaviours calmly			
21	Managed time allocated properly			
22	Gave immediate feedback to learners			
23	Marked work using written and explanatory feedback format e.g two stars and a wish			

General Comment/Recommendation/Extra Observations

Observer's Signature: _____ Date: _____

Teacher's Name: _____ Signature: _____ Date: _____

Teacher's Comment: _____

Supervisor's Name: _____ Signature: _____ Date: _____