
Teacher Accreditation Observation Report

Observation Date: [Insert Date]

Observer's Name: [Insert Observer's Name]

Teacher's Name: [Insert Teacher's Name]

Grade/Subject Area: [Insert Details]

Observation Duration: [Insert Time]

1. Classroom Environment

- **Physical Setup:** [Effectiveness of classroom organization for learning]
- **Engagement Atmosphere:** [Level of respect, inclusion, and energy in the classroom]
- **Resource Utilization:** [Appropriateness of learning aids and technology]

2. Lesson Delivery

- **Content Relevance:** [Alignment of lesson to curriculum standards]
- **Instructional Clarity:** [Effectiveness of explanations, pacing, and questioning]
- **Student Engagement:** [Incorporation of interactive or collaborative learning activities]
- **Adaptation:** [Ability to address diverse needs and adjust based on student responses]

3. Professional Attributes

- **Preparation:** [Level of readiness and planning evident in the lesson]
- **Communication:** [Professional communication style with students and clarity of instructions]

- **Management Skills:** [Ability to handle challenges or disruptions effectively]

4. Assessment and Feedback

- **Methods Used:** [Detail formative or summative assessment techniques observed]
- **Constructive Feedback:** [How effectively feedback guided student improvement]

5. Strengths Observed

[List of key strengths supporting the teacher's accreditation requirements]

6. Areas for Improvement

[Detailed, actionable feedback to support professional growth]

7. Accreditation Criteria Alignment

[Summarize whether observed practices meet the standards for accreditation]

Observer's Comments

[Space for any additional insights or commendations]

Observer's Signature: _____

Date: [Insert Date]

Teacher's Signature (for acknowledgment): _____

Date: [Insert Date]