



# Pre-Observation Conference Form

Teacher Name \_\_\_\_\_

Evaluator Name \_\_\_\_\_

Pre-Conference Date \_\_\_\_\_

Observation Date \_\_\_\_\_

Room Number \_\_\_\_\_

Period \_\_\_\_\_

**1. Where are you in the course, unit or lesson (page numbers in text, introductory – middle – culminating activity, etc.)?**

**2. What are your objectives for the lesson and why?**

**3. What information or data have you used to develop your instructional strategy (ies) for this lesson?**

**4. How does this lesson align or not align with your professional growth plan?**

**5. How does this lesson align with GLE's and/or professional content standards for your subject area or course?**

**6. What evidence will demonstrate that students have learned?**

- A. during the lesson
- B. after the lesson

**7. What observational data would you like collected during the lesson?**

**8. Special characteristics to be aware of (behaviors, interactions, students with special circumstances, etc.)**

Teacher Signature \_\_\_\_\_

Date \_\_\_\_\_

Administrator Signature \_\_\_\_\_

Date \_\_\_\_\_