**Date: Teaching Assistant:**

**Text: Observer:**

**Classroom observations:**

| Time: | Notes: activities, conversations, instructions, etc. |
| --- | --- |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

**Observer Feedback:**

Stop:

Start:

Continue: