

CERTIFICATED TEACHER \SUMMATIVE Observation Form

FRAMEWORK: UW-CEL 5D+

Teacher: _____ Observation Date: _____

Program: _____ Observation Time: _____

Evaluator/Observer: _____ 90-Day Evaluation:

Criteria	Observation
1. EXPECTATIONS: Centering instruction on high expectations for student achievement	
2. INSTRUCTION: Demonstrating effective teaching practices	
3. DIFFERENTIATION: Recognizing individual student learning needs and developing strategies to address those needs	
4. CONTENT KNOWLEDGE: Providing clear and intentional focus on subject matter content and curriculum	
5. LEARNING ENVIRONMENT: Fostering and managing a safe, positive learning environment	
6. STUDENT DATA: Using multiple student data elements to modify instruction and improve student learning	

7. FAMILIES AND COMMUNITY: Communicating and collaborating with parents and the school community	
8. PROFESSIONAL PRACTICE: Exhibiting collaborative and collegial practices focused on improving instructional practice and student learning	

Evaluator Observation Comments:

Evaluator Signature: _____ **Date:** _____

Employee Signature: _____ **Date:** _____

The above signature does not necessarily imply agreement with the observation report. It does indicate that the report has been reviewed with the employee and that the employee has been provided with a copy.