

## INSTRUCTIONAL CLASSROOM VISITATION

Teacher/Rm#:

Date:

Subject:

Loc:

INSTRUCTIONAL CULTURE/ENVIRONMENT
<input type="checkbox"/> Focus Benchmarks and Objective
<input type="checkbox"/> Use of District Pacing Guide
<input type="checkbox"/> Horizontal Alignment (Subject/Grade)
<input type="checkbox"/> Data/Progress Monitoring
<input type="checkbox"/> Common Planning/Lesson Plans
<input type="checkbox"/> Bell Ringer/Opening Routine
<input type="checkbox"/> Use of Essential Questions
<input type="checkbox"/> Bell to Bell Instruction
Notes:
LESSON DELIVERY
<input type="checkbox"/> Differentiated Instruction Activities
<input type="checkbox"/> Small Group Instruction
<input type="checkbox"/> Explicit Instruction
<input type="checkbox"/> Higher Order Questions
<input type="checkbox"/> Use of Rubrics/Anchor Papers
Notes:
STUDENT ENGAGEMENT
<input type="checkbox"/> Hands On Activities (Manipulatives/Labs)
<input type="checkbox"/> Use of Technology
<input type="checkbox"/> Peer to Peer Interaction
<input type="checkbox"/> Project Based Learning Activities
Notes:
CLASSROOM CULTURE
<input type="checkbox"/> Interactive Vocabulary Walls
<input type="checkbox"/> Classroom Management
<input type="checkbox"/> Exemplary Student Work Displayed
<input type="checkbox"/> Classroom Libraries
<input type="checkbox"/> Feedback on Graded Student Work
Notes:

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