



TA CLASSROOM OBSERVATION EVALUATION FORM

Name of the Teaching Assistant: _____
 Quarter/Year: _____
 Class/Section: _____
 Evaluator: _____
 Observation/Video-Taping Date: _____
 Post-Observation Conference Date: _____

I: Checklist	GOOD	ADEQUATE	NEEDS ATTN.	N/A	NOTES
PREPARATION					
Preparation of lesson plan					
CLASSROOM MANNER					
General positive attitude					
Clarity of voice					
Engagement with students					
TEACHING EFFECTIVENESS					
Implementation of lesson plan					
Teaching approaches/methods					
Effective use of materials					
Appropriate error correction					
Use of target language / English					
Grammar explanation					
CLASSROOM MANAGEMENT					
Time management					
Handling student questions					
Handling student behavior					
STUDENT PARTICIPATION					
Opportunities for individual, pair, group work					
Opportunities to practice vocabulary and grammar structures					

II. Comments

a. Strengths:

b. Areas needing improvement:

c. Actions to be taken:

d. Additional comments:

III. Additional Documentation is Attached: _____ YES _____ NO

(Name of Documents:) _____

Coordinator/Supervisor completing this form:

Name: _____

Date: _____