***Iowa Valley Community Schools Pre-Observation Form***

**Name:**  **School/Administrator:**

**Date of Pre-Conference \_\_\_\_\_\_\_\_\_\_\_\_\_ Date/Time of Observation:**.

**Grade level/Curriculum Area:**

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| **1. Briefly describe the students in this class, including those with special needs.**  | **5. What difficulties do students typically experience in this area, and how do you plan to anticipate these difficulties?**  |
| **2. What are the goals for the lesson? What do you want the students to learn?**  | **6. What instructional materials or other resources, if any, will you use? (Attach sample materials you will be using in the lesson.)**  |
| **3. How do these goals support the District’s curriculum?**  | **7. How do you plan to assess student achievement of the goals? What procedures will you use? (Attach any tests or performance tasks, with rubrics or scoring guides).** |
| **4. How do you plan to engage students in the content? What will you do? What will the students do?**  | **8. What Iowa Teaching Standards/Criteria will be demonstrated in this observation?**  |
| **Teacher comments pertain to observation setting: List any items you might want to call to the attention of the evaluator.**  |  |