CSUN Classroom Observation Form

Student Teacher: _____ Date/Time: _____
Duration of observation: _____ minutes
Subject Area: _____ Grade Level: _____
Observer (Check one): ___ Master Teacher; ___ University Supervisor

Please script the lesson you are observing to detail what and how the lesson was taught.

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Please identify teacher candidate's areas of strengths and areas of growth as evidenced in this lesson observation.

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