

**Temple City Unified School District**  
**Walk Through Observation Form**

STAFF NAME & TITLE		DATE	
AREA OF INSTRUCTION		SCHOOL SITE	
OBSERVER		CLASSROOM	

**THE PURPOSE OF THIS VISIT IS**

- ☐ Informal Visit
- ☐ Evaluate feedback

**DURING THIS VISIT I OBSERVED THE CERTIFICATED STAFF MEMBER:**

- ☐ Using a variety of instructional strategies and resources to respond to students' diverse needs
- ☐ Teaching subject matter, problem solving, critical thinking, and skills in meaningful activities
- ☐ Demonstrating knowledge of subject matter
- ☐ Organizing curriculum to support student understanding of subject matter
- ☐ Using instructional time effectively
- ☐ Establishing and articulating standards for student learning
- ☐ Developing and sequencing instructional activities and materials for student learning
- ☐ Modifying instructional plans to adjust for student needs

**STRENGTHS I SAW:**

**RECOMMENDATION(S) I HAVE:**

**OTHER OBSERVATIONS / QUESTIONS:**

**SIGNATURES:**

Employee Signature		Observer Signature	
Name		Name	
Date		Date	