

NARRATIVE FEEDBACK FORM (Completed by Cooperating Teachers and University Supervisors during Formal Observations in Internships I and II)
(McREL)

Notes:	Classroom Observation #: Observer:	Date:
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Grade & Room #:	Teacher:
Subject Time or Period:	
Number of Students:	
Type of Class:	<input type="checkbox"/> Gen. Ed. <input type="checkbox"/> Exceptional Children (EC) <input type="checkbox"/> Other <input type="checkbox"/> Limited English Proficiency (LEP):
Lesson Objective:	

Evidence and Observations:

Teacher Actions (Cause)	Impact on Student Learning (Effect)

Teacher Actions (Cause)	Impact on Student Learning (Effect)
Key Strengths:	
Classroom Behavior Management: (must be completed in every formal observation)	
Key Areas of Improvement:	
Notes and Quotes for Coaching Conversations:	
Connections to Professional Development Plan and Self-Assessment	

OBSERVER: _____

STUDENT TEACHER: _____