

# OHIO COUNTY TEACHER EVALUATION PRE-OBSERVATION WORKSHEET

TEACHER	DATE	SCHOOL
SUBJECT	GRADE	PERIOD/TIME

My professional growth plan objective(s) are:

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1) Toward which academic expectation(s) are you teaching?

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2) What are the lesson objectives?

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3) What teaching strategies/activities will be used?

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4) How are you going to check student understanding and mastery of the lesson objectives?

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5) What stage of instruction is this lesson? (introduction, new concepts, review, etc)

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6) What particular teaching behavior do you especially want monitored? Are there special circumstances?

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Evaluatee Signature                      Date

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Evaluator Signature                      Date