



## POST-OBSERVATION QUESTIONS FOR TEACHERS

TEACHER NAME: \_\_\_\_\_

LEVEL/PROGRAM: \_\_\_\_\_

1. What were your learning objectives? Were they met (fully, partially, ~~not~~ at all)? How do you know? Provide specific examples.

2. Did you meet the needs of your students? How do you know?

3. Please make any other comments about your lesson below.



4. What kinds of Professional Development Workshops would you be interested in attending?

Teacher's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Observer's Signature: \_\_\_\_\_