



PRE-OBSERVATION MEETING WITH TEACHERS

TEACHER NAME:	DATE:
LEVEL/PROGRAM:	OBSERVATION DATE:

1. Is there anything specific that you would like me to focus on during the observation?

2. Are you having any classroom management issues that you would like help with? If so, please explain.

3. Are you having problems with any specific student(s) that you would like advice on?

4. Please list any other questions below.

Teacher's Signature: _____

Date: _____

Observer's Signature: _____