

University of Illinois at Urbana-Champaign
Department of Curriculum and Instruction
OBSERVATION FORM

Date: _____ UIUC Course: _____ Student Teacher: _____

Visit # 1 2 3 4 5 6 Cooperating Teacher: _____

Grade Level: _____ School: _____

Strengths

Suggestions for Improvement

Comments/Concerns: Issues which must be addressed.

Evaluator's Signature _____