



# Mentor Observation 2

## University Route Certified Program

**\*\*\*Return to Diana Gomez, Coordinator of Mentoring \*\*\***

Mentor Teacher: \_\_\_\_\_ Intern Teacher: \_\_\_\_\_

University Name \_\_\_\_\_ Intern Campus: \_\_\_\_\_

Date of Conference: \_\_\_\_\_ Certification Area: \_\_\_\_\_

### Part A: Pre-Observation Conference

**Directions for Mentor:** *Ask your new teacher the following questions.*

1. What are your goals for the observation? (What will be your TEKS objective, content, learning environment, instructional strategies, student product(s), etc.?)

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2. How will you know you are successful? How will you assess student achievement?

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3. What would you like your mentor to look for or focus on during the observation? What areas of data collection would be most helpful to the development of your teaching skills? **Please check and explain below:**

- |   |   |
|---|---|
| <input type="checkbox"/> Classroom management     | <input type="checkbox"/> Individual student concerns    |
| <input type="checkbox"/> Instructional strategies | <input type="checkbox"/> Rigor and Relevance            |
| <input type="checkbox"/> Cognitive levels         | <input type="checkbox"/> Depth and complexity of lesson |
| <input type="checkbox"/> Other _____              |   |

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# Mentor Observation 2

## Part B: University Route Certified Program

Intern Name: \_\_\_\_\_

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

Mentor Name: \_\_\_\_\_

Time: \_\_\_\_\_

Subject: \_\_\_\_\_

*This form is designed to provide developmental and reflective feedback to the intern teacher.*

Lesson Objective (TEKS): \_\_\_\_\_

Area of Focus from Part A: \_\_\_\_\_

### Classroom Management

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Materials available and ready                 | <input type="checkbox"/> Appropriate student behavior        | <input type="checkbox"/> Student/teacher interactions |
| <input type="checkbox"/> Constructive feedback                         | <input type="checkbox"/> Positive praise                     | <input type="checkbox"/> Student engagement           |
| <input type="checkbox"/> Redirection of inappropriate student behavior | <input type="checkbox"/> Effective use of instructional time | <input type="checkbox"/> Student work displayed       |

### Directions in preparation for post observation conference with Mentor:

1. Please review the observation notes on this form that were taken by your mentor.
2. Use the "Best Practices" key to identify and code best practices reflected in the observation data.
3. Complete the reflection questions in Part C prior to your post observation conference.
4. During the post observation conference, discuss and reflect on how the lesson addressed best practices.

Key	Best Practices
<b>ES</b>	<b>Engaging</b> and supporting all <b>students</b> in learning
<b>CE</b>	<b>Creating</b> and maintaining an effective <b>environment</b>
<b>US</b>	<b>Understanding</b> and organizing <b>subject</b> matter
<b>PL</b>	<b>Planning</b> instruction and designing <b>learning</b> experiences
<b>AL</b>	<b>Assessing</b> student <b>learning</b>
<b>DE</b>	<b>Developing</b> as a professional <b>educator</b>

Time	Key	Observation Data





# Mentor Observation 2

## Part C: University Route Certified Program

Intern Name: \_\_\_\_\_ Mentor Name: \_\_\_\_\_

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

**Directons for Mentor:** Ask your new teacher the following questions.

Key	Best Practices
<b>ES</b>	<b>Engaging</b> and supporting all <b>students</b> in learning
<b>CE</b>	<b>Creating</b> and maintaining an effective <b>environment</b>
<b>SM</b>	Understanding and organizing <b>subject matter</b>
<b>PL</b>	<b>Planning</b> instruction and designing <b>learning</b> experiences
<b>AL</b>	<b>Assessing</b> student <b>learning</b>
<b>DE</b>	<b>Developing</b> as a professional <b>educator</b>

As you reflect on your lesson, how do you feel it went? \_\_\_\_\_

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What did you see students doing or saying to support your impression? \_\_\_\_\_

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What worked well? \_\_\_\_\_

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# Mentor Observation 2

What might you change? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did your lesson address best practices? \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As you identify professional goals, how might your mentor further support you?  
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\_\_\_\_\_

***Mentors, please submit parts A, B, and C of this observation form together.***