

Mapping the Classroom Observation Form

Teacher: _____ Date: _____ Observer: _____

Check which items will be observed:

- Number of students called on
- Gender of students called on
- Off-task students
- Praised offered to students
- Movement of teacher
- Accessibility of materials
- Monitoring students during group work
- Other: _____

Key
 X Called On
 O
 I Off-task
 --- Teacher

