

**EDUCATEAlabama**  
**Teacher Post-Observation Conference Record**

Teacher: \_\_\_\_\_ Evaluator: \_\_\_\_\_  
(Provide evaluator name only if different from the name on the CSR form)

School System: \_\_\_\_\_ School: \_\_\_\_\_ Date: \_\_\_\_\_

Subject/Grade: \_\_\_\_\_ No. of Students: \_\_\_\_\_ Start Time: \_\_\_\_\_

Observation No.:  1  2  1st Year Teacher  Non-tenured Teacher  
 Tenured Teacher

**Special Conditions (to be specified by teacher)**

Special Population  Overcrowded Conditions  Inadequate Technology  Subject Change  
 Inadequate Facilities  Inadequate Resources  Other: \_\_\_\_\_  
Specify

Comments:

1. What is the content/topic of the unit of instruction of which this lesson was a part?
  
  
  
  
  
2. What has been previously taught (this unit)? What will be taught following this lesson (this unit)?
  
  
  
  
  
3. How is this unit aligned with Alabama's Courses of Study?
  
  
  
  
  
4. What were your specific objectives for this lesson?
  
  
  
  
  
5. What learner differences exist in this class? What accommodations did you make for some or all of them in this lesson?  
This unit?

Differences:  Special Needs  Achievement  Motivation  Learning Styles  
 Developmental Levels  Interests  Language(s)  Other \_\_\_\_\_

6. What student and teacher activities were planned for today?
  
  
  
  
  
7. How and when will accomplishment of objectives be measured? (if not measured during the lesson)

Teacher Made Tests  Commercially Made Tests  Textbook Tests  Standardized Tests  
 System Developed Tests  Homework  Work Products/Projects  Student Performance  Other

8. Were student/teacher activities observed those planned?  Yes  No If no, indicate activities observed.

9. Special conditions observed (other than those indicated by the teacher):

10. Strengths Observed:

Indicator/Level of Practice

Comments/Suggestions

11. Areas of Opportunities:

Indicator/Level of Practice

Comments/Suggestions

12. Teacher Comments:

13. Evaluator Comments :

Teacher's Signature/Date: \_\_\_\_\_ Evaluator's Signature/Date: \_\_\_\_\_

Educator's signature indicates this form has been reviewed and a Post-Observation Conference has been held. It does not necessarily indicate agreement with the evaluation comments.

Check if additional notes or comments are attached

Conference may be extended by mutual consent to include discussion (dialogues) of non-observable standards and indicators