



Archdiocese of Hartford, Office of Catholic Schools  
**Pre/Post Observation Reflective Conference Record**

**Teacher's name:**

**School/Town:**

Date of pre-observation conference:

Time:

Date of formal classroom observation:

Time:

Date of post-observation conference:

Time:

**PRE-OBSERVATION (to be completed by teacher):**

<b>Subject:</b>		<b>Grade level:</b>
<b>ADH Standard/Goal(s):</b>	Student learning objective(s)/Essential question(s):	
Assessment of student learning:	Enabling Outcomes:	
Resources:	Technology:	
Special conditions to be considered:		
Use of data to inform differentiated instruction or modify instruction when necessary:		

Lesson initiation:

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Lesson development; strategies:

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Lesson closure:

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**POST-OBSERVATION (to be completed by the principal):**

Strengths observed:

Areas for growth:

Stretch areas:

Comments:

*The teacher's signature verifies that a pre and post conference was held whereby the classroom observation was discussed; it does not necessarily denote agreement with the report.*

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Teacher's Signature / Date

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Principal's Signature / Date