

TEACHER'S NAME: _____ DATE OF OBSERVATION: _____

COMMUNITY NETWORK: _____ SITE: _____

OBSERVER'S NAME/TITLE: _____ *SITE CODE/TIPS/LICENSE: _____

*SITE CODE: DOE designated site code – TIPS: Child care CCAP provider number – LICENSE: CLASS A Center Number

DOMAIN/DIMENSIONS	EVIDENCE OF AREAS OF STRENGTH	EVIDENCE OF AREAS FOR IMPROVEMENT
<p>EMOTIONAL SUPPORT</p> <ul style="list-style-type: none"> • Positive Climate • Negative Climate • Teacher Sensitivity • Regard for Child Perspectives 		
<p>CLASSROOM ORGANIZATION</p> <ul style="list-style-type: none"> • Behavior Management • Productivity • Instructional Learning Formats 		
<p>INSTRUCTIONAL SUPPORT</p> <ul style="list-style-type: none"> • Concept Development • Quality of Feedback • Language Modeling 		
PLAN OF ACTION		
<p>NEXT STEPS</p>		

TEACHER'S NAME: _____ DATE OF OBSERVATION: _____

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DOMAIN/DIMENSIONS	EVIDENCE OF AREAS OF STRENGTH	EVIDENCE OF AREAS FOR IMPROVEMENT
<p>EMOTIONAL AND BEHAVIORAL SUPPORT</p> <ul style="list-style-type: none"> • Positive Climate • Negative Climate • Teacher Sensitivity • Regard for Child Perspectives • Behavior Guidance 		
<p>ENGAGED SUPPORT FOR LEARNING</p> <ul style="list-style-type: none"> • Facilitation of Learning and Development • Quality of Feedback • Language Modeling 		
PLAN OF ACTION		
<p>NEXT STEPS</p>		