## RECORD OF ALTERNATIVE CERTIFICATION OBSERVATION TEXAS A&M UNIVERSITY-COMMERCE

Name:	CWID#:
School District:	_School Campus:
Primary Mentor Teacher:	Total Hours Completed:

Observation Dates: First Date:\_\_\_\_\_Last Date:\_\_\_\_\_

Instructions: Complete this form and submit to the PBTC Office. Make copies for your files. Use the space below to report dates, time, & activities. Additional pages may be used if needed.

		Time		Grade	Subject		Mentor Teacher
Date	Time In	Out	Hours	Level	Area	Description of Activities	Initials
	·	Total			-	·	
		Hours					

 Mentor Teacher's Signature:
 \_\_\_\_\_\_
 Date:
 \_\_\_\_\_\_

 Your Signature:
 \_\_\_\_\_\_
 Date:
 \_\_\_\_\_\_

## Reflection of Classroom Observations in Early Field Experience Texas A&M University-Commerce

Name \_\_\_\_\_\_ CWID \_\_\_\_\_

Please respond to the number of reflection questions appropriate to your assignment of observation hours.

1. Describe the classroom(s) you observed with regard to student engagement, learning environment, and teacherstudent interaction.

2. Describe the overall classroom management style practiced by the teacher. Did you find the management style conducive to learning? Did you observe the students being responsible for their actions? Describe how interruptions were handled by the teacher and by the students.

3. Describe the practices you observed that were designed to assist students who required additional instructional strategies including English as a Second Language, Limited English proficient, and students with learning disabilities. Did the practices appear to increase student learning and achievement? If so, how?

4. Describe strengths and weaknesses of the classroom(s) you observed along with practices you will do differently.