

# OBSERVATION NOTES

First-Year Teacher \_\_\_\_\_

School \_\_\_\_\_

Mentor \_\_\_\_\_

School \_\_\_\_\_

Who observed whom \_\_\_\_\_

School \_\_\_\_\_

Date of observation \_\_\_\_\_ Time \_\_\_\_\_ Duration \_\_\_\_\_

What is the goal of this observation? \_\_\_\_\_

Notes from observation \_\_\_\_\_



NORTH DAKOTA  
TEACHER  
SUPPORT  
SYSTEM

Implications for my classroom \_\_\_\_\_

*Use additional sheets as necessary. Copies should be made available for the ND Teacher Support System Coordinator and/or project evaluator as necessary.  
Be sure you also record the observation on SFN 59279 Record of Observation Time for verification of completion of program requirements.*