

Classroom Walkthrough Form with Correlation to Ohio Teacher Evaluation System (OTES) and 5 Step Process

- Counts as one of four OTES Walkthroughs
- Walkthrough

Teacher Name: _____ Grade Level/Subject: _____ Date: ___/___/___

Evaluator Name: _____ Time Walkthrough Begins: _____ Time Walkthrough Ends: _____

Directions: If checked, this form serves as a record of an OTES Walkthrough by the teacher's evaluator. The evaluator will likely not observe all the teaching elements listed below in any one walkthrough. This record will be used to inform the summative evaluation of the teacher.

Evaluator Observations

<input type="checkbox"/> Instruction is developmentally appropriate OTES Standard 1-6/Step 3	<input type="checkbox"/> Lesson content is linked to previous and future learning OTES Standard 1, 2, & 4/Step 4
<input type="checkbox"/> Learning outcomes and goals are clearly communicated to students OTES Standard 1/Step 1	<input type="checkbox"/> Classroom learning environment is safe and conducive to learning OTES Standard 1, 5, & 6/Step 1-5
<input type="checkbox"/> Varied instructional tools and strategies reflect student needs and learning objectives OTES Standard 1-6/Step 3 & 4	<input type="checkbox"/> Teacher provides students with timely and responsive feedback OTES Standard 3/Step 3
<input type="checkbox"/> Content presented is accurate and grade appropriate OTES Standard 1-6/Step 3	<input type="checkbox"/> Instructional time is used effectively OTES Standard 2, 4 & 6/Step 3 & 4
<input type="checkbox"/> Teacher connects lesson to real-life applications OTES Standard 1, 2 & 4/Step 4	<input type="checkbox"/> Routines support learning goals and activities OTES Standard 2 & 4/Step 1 & 4
<input type="checkbox"/> Instruction and lesson activities are accessible and challenging for students OTES Standard 2, 4 & 6/Step 3	<input type="checkbox"/> Multiple methods of assessment of student learning are utilized to guide instruction OTES Standard 3/1, 2, 3, & 5
<input type="checkbox"/> Priority 1 – TBT/Data:	<input type="checkbox"/> Priority 2 – TBT/Instructional Strategies:

Evaluator Summary Comments:

Recommendations for Focus of Walkthroughs:

Reinforcement:

Refinement:

Evaluator's Signature: _____ **Date:** _____

White Copy: Teacher

Yellow Copy: Evaluator

