

Instructional Resource Professional

Teacher Name	Employee ID No.
School	Evaluation Year
Program	
Inquiries 1. Describe the lesson that will be observed. What have you or will you have done instructionally with students in the days prior to the observation?	Notes



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2. Describe the population you work	T
with.	
W 1611.	

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3. What will be observed?	

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4. What instructional methods will be	
used?	
useu:	

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5 What would you like to be	
5. What would you like to be highlighted in this lesson/activity?	
inginighted in this lesson/activity:	

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6. What do you believe to be any areas of concern?

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