California State University
SAN MARCOS
SCHOOL OF EDUCATION

NEXT OBS – DATE: _____ TIME: _____

CLINICAL PRACTICE CLASSROOM OBSERVATION FORM II

Multiple Subjects Program

Teacher Candidate Name	*ID Number*	*Date*	*Visit #*

☐ **Well-Constructed Lesson Plan**	☐ **Materials Ready**	☐ **Lesson Plan Available**
☐ **SDAIE**	☐ **Efficient Routine**	☐ **Assessment Evident**
☐ **Bilingual**	☐ **Appropriateness**	☐ **Effective Management**
☐ **Special Education**	☐ **Strong Rapport**	☐ **Positive Environment**

Subject	*Grade*	*# of Students*

Focus for future observations:

Teacher Candidate Signature	*Date*