

Lesson Observation Form/ Fidelity Checklist

Observer _____ Date _____

School Code: _____ School _____

Lesson #: _____ Condition Code: _____ Teacher: _____

Start Time: _____ End Time: _____ Period: _____

1. Preparation:			
<i>Was the teacher prepared to teach the lesson? (circle one)</i>			
Well Prepared 5	Prepared 4	Somewhat Prepared 3	Poorly Prepared 2
			Totally Unprepared 1
Check appropriate box for each item:			
a. Teacher manual present		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. PowerPoint displayed		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Necessary materials (for role play, physical activity, etc.)		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Evidence that materials were reviewed prior to lesson		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
Notes:			

2. Learning Objectives:			
<i>Were the learning objectives clear to the students? (circle one)</i>			
Very Clear 5	Clear 4	Somewhat Clear 3	Not Very Clear 2
			Not Clear at all 1
Check appropriate box for each item:			
a. Learning objectives were not mentioned by the teacher		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
b. Learning objectives were referenced but not explained by the teacher		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
c. Learning objectives were handed out to students		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
d. Learning objectives were read/spoken to the students by the teacher		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
e. Learning objectives were discussed with the students by the teacher		<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> Not applicable
Notes:			

3. Instruction:				
<i>How appropriately was the material interpreted and presented by the teacher? (circle one)</i>				
Completely 5	Mostly 4	Somewhat appropriately 3	Not very appropriately 2	Not at all 1
Check appropriate box for each item:				
a. Teacher addressed all learning objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
b. Teacher stayed on task (refrained from irrelevant or length discussions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
c. Teacher summarized important points and related the discussion to previous and future topics/concepts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
d. Teacher adequately addressed questions that were raised during class	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
e. Examples were presented to clarify points	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
f. Ideas were related to familiar concepts	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
Notes:				

4. Adherence to Lesson Plan:				
<i>Did the teachers faithfully follow the lesson plans in the curriculum? Rate each segment:</i>				
Instruction: (circle one)				
Completely 5	Mostly 4	Somewhat 3	Not very faithfully 2	Not at all 1
Check appropriate box for each item:				
a. Taught required topic for the week (COPE schools only)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
b. Followed learning objectives	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
c. Discussed all PowerPoint slides	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
d. Key points of the lesson were emphasized	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
e. Taught lesson in correct order	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
f. Utilized examples in teacher's manual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Not applicable	
Notes:				

4. Adherence to Lesson Plan: (continued)

Did the teachers faithfully follow the lesson plans in the curriculum?

Rate each segment:

Role Play/Case Scenario Discussion: (circle one)

Completely 5	Mostly 4	Somewhat 3	Not very faithfully 2	Not at all 1
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Check appropriate box for each item:

- | | | | |
|---|------------------------------|-----------------------------|---|
| a. Completed role play/case scenario discussion | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| b. Followed script for role play/case scenario | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| c. Encouraged discussion of role play/case scenario | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

Notes:

Homework: (circle one)

Completely 5	Mostly 4	Somewhat 3	Not very faithfully 2	Not at all 1
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Check appropriate box for each item:

- | | | | |
|--|------------------------------|-----------------------------|---|
| a. Assigned homework as indicated in lesson plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| b. Provided homework instructions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| c. Collected homework as indicated in lesson plan | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| d. Encouraged students to complete homework | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| e. Discussed completed homework and answered questions | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

Notes:

Physical Activity: (circle one)

Completely 5	Mostly 4	Somewhat 3	Not very faithfully 2	Not at all 1
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Check appropriate box for each item:

- | | | | |
|--|------------------------------|-----------------------------|---|
| a. Facilitated 20 minutes of physical activity | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| b. Required participation of all students | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |
| c. Utilized physical activity wheel | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Not applicable |

Notes: