

WEE SCHOOL Classroom Observations

Classroom: _____ Date: _____

Teachers: _____ Observer _____

Positive Observations:

Things to Work On: Interaction ___ Health/Safety ___ Supervision ___ Age Appropriate Practices ___

Items to be rechecked to verify correction (either due to severity/importance or repeat concern):

Signatures Teacher: _____ Teacher: _____

Time start: _____ End: _____