Community Services CSNT of Northeast Texas, Inc.

Head Start

"Building partnerships, changing lives"

Classroom Observation Documentation Form

Date of Site Visit: _____

Employee Name/Location: _____

Topics Discussed

Lesson Presentation	
Classroom Management	
Classroom Organization	
Referral (List type)	

Strengths:

Weaknesses:

Areas of Concern: Yes ☐ No ☒

Follow-up Plan:

Signature of Observer: _____ Date: _____