



COT-RPMS

OBSERVATION NOTES FORM

OBSERVER: _____

DATE: _____

TEACHER OBSERVED: _____

TIME STARTED: _____

SUBJECT & GRADE LEVEL TAUGHT: _____

TIME ENDED: _____

OBSERVATION: 1 2 3 4

DIRECTIONS FOR THE OBSERVERS:

Write your observations on the teacher's classroom performance on the space provided. Use additional sheets whenever necessary.

Signature over Printed Name of the Observer