

# Flipped Classroom Observation Form

Observer Name

Date

Teacher Name

Class/Subject

## Observation Criteria

| Criteria   | Yes                      | No                       | Comments             |
|--|--------------------------|--------------------------|----------------------|
| Pre-class materials were provided and referenced | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Students actively engaged in activities          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Teacher facilitated, not directly instructed     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Collaborative work observed among students       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |
| Technology was integrated effectively            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="text"/> |

Observed Strengths

Suggestions/Recommendations

Additional Comments

