Physical Education Class Observation Form

Observer Name
Date
Date
Time
Class Location
Teacher Name
Grade/Level
Grade/Level
Number of Students
Lesson Overview
Lesson Objective(s)
Activities Observed
Observation Criteria
Class Organization/Management
Student Engagement

Instructional Methods (e.g., explanations, demonstrations)

Safety Practices
Inclusion & Differentiation
Use of Equipment/Space
Strengths Observed
Areas for Improvement
Additional Comments
Additional Comments