

# Literacy Intervention Classroom Observation Sheet

Date:

Observer Name:

Teacher Name:

Class/Group:

Time Observed:

Number of Students:

Grade Level:

Lesson Objective(s):

## Observed Literacy Interventions

Intervention	Observed (Yes/No)	Notes
Phonemic Awareness	<input type="text"/>	<input type="text"/>
Phonics Instruction	<input type="text"/>	<input type="text"/>
Vocabulary	<input type="text"/>	<input type="text"/>
Fluency	<input type="text"/>	<input type="text"/>
Comprehension	<input type="text"/>	<input type="text"/>

## Instructional Strategies Observed

## Student Engagement

Strengths Observed

Areas for Growth/Recommendations

Additional Notes