

# Classroom Teacher Communication Observation Form

Teacher Name

Observer Name

Date

Class/Grade/Subject

## Observation Criteria

Criteria	Observation Notes	Evidence/Examples
Clarity of Instructions	<div></div>	<div></div>
Questioning Techniques	<div></div>	<div></div>
Listening Skills	<div></div>	<div></div>
Positive Reinforcement	<div></div>	<div></div>
Non-Verbal Communication	<div></div>	<div></div>
Student Engagement	<div></div>	<div></div>
Responsiveness to Students	<div></div>	<div></div>

Overall Comments

Recommendations