



Step 1: Inquiry Approaches to Teaching Mentor Teacher Feedback Form

Mentor Teacher Name: _____

Observer (if different from Mentor Teacher): _____

Date:

Time:

Teach (circle one) #1 #2 #3

UTeach student(s): 1. _____ 2. _____ 3. _____

Observed:	Exceptional	Acceptable	Keep Working
Arrived on time (at least 10 minutes early).			
Was well prepared and dressed appropriately.			
Smiled. Made eye contact with students.			
Addressed students by name.			
Gave clear instructions, including safety issues, for activity.			
Spoke clearly, with appropriate volume.			
Clearly communicated lesson objectives to students and checked for understanding throughout the lesson.			
Asked probing questions.			
Involved all students in activity.			
Managed the activity materials well.			

Strengths I observed:

Keep working: