

WEM Walkthrough Observation Document

- Teacher Name: _____
- Observing Teacher: _____
- Grade/Subject: _____
- Date of Observation: _____
- Observation Time: _____

Observation Checklist

Observation Areas	Observed	Partially	Not Observed	Notes
Classroom Environment				
Respectful, Positive Climate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Effective Classroom Management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Effective Transitions and Routines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instruction				
Lesson Clarity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Student Engagement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Differentiation Evident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Instructional Strategies				
Effective Teaching Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Monitoring and Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Formative Assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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Quick Notes

Strengths Observed:

- _____

Areas for Growth:

- _____

Next Steps/Action Plan:

- _____

***Upon completion, signature and documentation must be submitted to our building principal.**

Principal Casey Reiersen