etools4Education | Web-Centric Alternative Certification Program

# Observation Form – Instructional Aide/Substitute

Web-Centric Student Name: _____

Date: _____ Length of Observation (Days): _____

District Name: _____ School Name: _____

Grade Level: _____ Subject Area: _____

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Reflect on specific instances during your instructional aide or substitute position where students were successful in the learning process. What factors contributed to student success?

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Reflect on specific instances when student achievement was less than you originally expected. What lessons will you take from that experience to improve your own lesson planning?

**Circle the type of observation:**

Instructional Aide Substitute

Signature of Principal or Teacher Observed: _____

Phone Number: _____ Email Address:_____

Use the Observation Form to complete each observation and mail, as completed, to **etools4education, 18445 Hwy 105 W, STE 102, PMB 265, Montgomery, TX 77356**. Be sure to make a copy of your observation forms for your teaching portfolio.