Mentor Teacher Feedback Form

**DATE:** ____________________________  **SITE:** ____________________________

**START TIME:** ____________________________  **END TIME:** ____________________________

**Mentor Name:** ____________________________  **Mentor Signature:** ____________________________

**JacksTeach Teacher #1:** ____________________________  **JacksTeach #1 Signature:** ____________________________

**JacksTeach Teacher #2:** ____________________________  **JacksTeach #2 Signature:** ____________________________

**Teacher Presence**

<table>
<thead>
<tr>
<th>Observed</th>
<th>Acceptable</th>
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<tbody>
<tr>
<td>Starts and ends on time.</td>
<td>Speaks with appropriate volume and clarity.</td>
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<tr>
<td>Observes the dress code.</td>
<td>Makes lesson objectives clear.</td>
</tr>
<tr>
<td>Is cheerful (smiles) and maintains a professional demeanor (is polite)</td>
<td>Uses time efficiently.</td>
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<tr>
<td>Uses student names.</td>
<td>Redirects off-task behaviors.</td>
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<tr>
<td>Gave clear instructions.</td>
<td>Uses effective classroom procedures.</td>
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</tbody>
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**Engagement:**

**Successes and Missed Opportunities**

*Captures students’ attention*


**Exploration:**

**Successes and Missed Opportunities**

*Gives clear and concise directions*

*Incorporates cooperative learning productively*

*Uses questioning strategies that guide the students’ understanding*

*Uses formative assessments*

**Explanation:**

**Successes and Missed Opportunities**

*Uses questioning strategies that guide the students’ understanding*

*Students talked first*
Elaboration:
Successes and Missed Opportunities
*Provides an opportunity for students to apply what they have learned*

Evaluation:
Successes and Missed Opportunities
*Provides students with an opportunity to show mastery of the lesson objectives*