



TEACHER / CATECHIST OBSERVATION FORM

Name: _____

Parish School: _____ City: _____

Grade: _____ Number of Students: _____

Observer: _____

Text Used (Title) _____ Copyright Year _____

Setting (Session Environment) _____

Lesson Objective(s): For the children to _____

TEACHER / CATECHIST

Please circle number ○

	Low				High
1.					
• Enthusiasm	1	2	3	4	5
• Preparedness	1	2	3	4	5
• Respectful, caring rapport w/students	1	2	3	4	5
• Flexibility with lesson	1	2	3	4	5
• Professionalism/Poise	1	2	3	4	5
• Voice quality	1	2	3	4	5
• Personal faith sharing	1	2	3	4	5
• Ability to involve the students	1	2	3	4	5
• Discipline/Classroom management	1	2	3	4	5
• Quality/Depth of Content	1	2	3	4	5

COMMENTS:

2. What are the catechist's strong points? _____

3. What are the areas where improvement is needed? _____

STUDENTS

1. How was student interest caught and maintained for this lesson? _____

2. How were the students encouraged to discuss and share? _____

Name: _____

3. What indicated that the students understood the objectives? _____

PRESENTATION

1. How was the previous lesson's material reviewed and correlated with the new lesson?

2. How were the following components in the lesson evident? Describe. _____

a. Related to life experience _____

b. Contained the gospel message _____

c. Encouraged personal response _____

3. Teaching methods: (check boxes used in this lesson)

- | | | | |
|--|---------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Art Activity | <input type="checkbox"/> Panel | <input type="checkbox"/> Journal | <input type="checkbox"/> Spontaneous Prayer |
| <input type="checkbox"/> Audiovisuals | <input type="checkbox"/> Reading | <input type="checkbox"/> Lecture | <input type="checkbox"/> Group Project Or Field Trip |
| <input type="checkbox"/> Dance/Gesture | <input type="checkbox"/> Role Playing | <input type="checkbox"/> Music | <input type="checkbox"/> Storytelling |
| <input type="checkbox"/> Discussion | <input type="checkbox"/> Scripture | <input type="checkbox"/> Dramatizing | |

4. Was the method used appropriate to the objective(s)? Yes No

Describe: _____

5. Was the amount of material Too much Too little Appropriate?

Comments: _____

Signature of Teacher / Catechist _____ **Date** _____

Signature of Observer _____ **Date** _____

PLEASE RETURN FORM TO:
Department of Catechetical Ministries
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Monterey, California 93940

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