



ANNUAL PROFESSIONAL PERFORMANCE REVIEW (APPR) TEACHER OBSERVATION REPORT

Teacher Name: Rebecca Levy

Teacher ID: 1690027

School Year: 2023-2024

School Name/DBN: 02M260-The Clinton School

CLASSROOM OBSERVATION (OBS):

In each observation, all components for which there is observed evidence must be rated. Each form must contain lesson-specific evidence for each of the components observed during a classroom observation.

This observation was: (check one)

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Formal Observation (full period)



Informal Observation (15 minutes minimum)

Date of Observation: 04/08/2024

Time/Period: 2:50

Component	Ratings
1a (obs): Demonstrating knowledge of content and pedagogy	N/A
1e (obs): Designing coherent instruction	N/A
2a: Creating an environment of respect and rapport	N/A
2d: Managing student behavior	N/A
3b: Using questioning and discussion techniques Students were focused on a single high quality question in their discussions and responses, tied to the essential question of the unit,	4- Highly Effective
3c: Engaging students in learning	N/A
3d: Using assessment in instruction	N/A
4e (obs): Growing and developing professionally	N/A

Teacher ID 1690027Teacher Name Rebecca Levy**ASSESSMENT OF PREPARATION AND PROFESSIONALISM (P&P):**

In this section of the form, evaluators should rate evidence for components 1a, 1e, and 4e that was observed within fifteen (15) school days prior to the classroom observation as part of an assessment of a teacher's preparation and professionalism. Each form must contain teacher-specific evidence for each of the components observed.

Component	Ratings
<i>1a (p&p): Demonstrating knowledge of content and pedagogy</i>	N/A
<i>1e (p&p): Designing coherent instruction</i>	N/A
<i>4e (p&p): Growing and developing professionally</i>	N/A

Additional Evaluator Notes (please attach more pages, as necessary):

Teacher's signature: _____ Date _____

*(I have read and received a copy of the above and understand that a copy will be placed in my file.)*Evaluator's name (print): Jonathan Levin

Evaluator's signature: _____ Date _____