

ANNUAL PROFESSIONAL PERFORMANCE REVIEW (APPR) TEACHER OBSERVATION REPORT

Teacher Name: Rebecca Levy **Teacher ID:** 1690027

School Year: 2022-2023 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)

Formal Observation (full period)	X	Informal Observation (15 minutes minimum
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Date of Observation: 06/02/2023 Time/Period: 2nd

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	N/A
3c: Engaging students in learning Smartly modified plan:	3- Effective
Independent Practice: As a response to some learned helplessness behavior, we have instituted a policy that students have to work for 10 minutes without our help in order for them to be able to come to us with good questions and not ask us to complete their work for them Students use this time to work on whatever stage they of the assessment they are on	
3d: Using assessment in instruction	N/A
4e (obs): Growing and developing professionally	N/A

Last Revised: 06/18/23 4:44:28 PM By jlevin

In this section of the form, evaluators should rate evidence for composition observed within fifteen (15) school days prior to the classroom observed.	
of a teacher's preparation and professionalism. Each form must conta for each of the components observed.	
Component	Ratings
1a (p&p): Demonstrating knowledge of content and pedagogy	N/A
1e (p&p): Designing coherent instruction	N/A
4e (p&p): Growing and developing professionally	N/A
Additional Evaluator Notes (please attach more pages, as necess	sary):
Attachments: This report also contains attachments in the Advance Web Application research paper plan.pdf	ո:
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

Teacher Name Rebecca Levy

ASSESSMENT OF PREPARATION AND PROFESSIONALISM (P&P):

Teacher ID <u>1690027</u>