

Science Instruction Observation Form

Educator Name:

Title:

Evaluator Name:

Title:

Observation Date:

Observation #:

Observation Time/Duration:

Observation Location:

Intended Observation Focus:

NGSS Practices *Which practices are observed?*

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> 1. Asking Questions | <input type="checkbox"/> 2. Developing and Using Models | <input type="checkbox"/> 3. Planning and Carrying Out Investigations | <input type="checkbox"/> 4. Analyzing and Interpreting Data |
| <input type="checkbox"/> 5. Using Mathematics and Computational Thinking | <input type="checkbox"/> 6. Constructing Explanations | <input type="checkbox"/> 7. Engaging in Argument from Evidence | <input type="checkbox"/> 8. Obtaining, Evaluating, and Communication Information |

Observation Evidence *What are the educator and students saying and doing?*

NGSS Practices Progression *Where do the observed practices fall along the progression?*

Practice #: 1 2 3 4 5 6 7 8

1-----2-----3-----4

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