

# DOCUMENTED WALK-THROUGH FORM

Name of teacher \_\_\_\_\_

School \_\_\_\_\_

Grade level/Subject \_\_\_\_\_

Date \_\_\_\_\_

**Content Objective :** \_\_\_\_\_

**1. Alignment of objective to curriculum:**

Yes  No

**2. Dominant Teacher Activity :**

- Direct Teach
- Teacher-Learner Interaction
- Monitor student work
- AV/test
- Sit at desk
- Other

**3. Alignment of activities and resources to objective :**

Yes  No

**4. Dominant Student Activity :**

- Seat Work/Independent Study
- Hands-on
- Small group work
- Large group work
- Technology
- Other

**5. Cognitive Level:**

- Knowledge, Comprehension       Application       Analysis, Synthesis, Evaluation

Comments \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Signature of Teacher

\_\_\_\_\_  
Date and Time of Walk-Through

\_\_\_\_\_  
Date