



OFFICE OF EXTENDED DAY PROGRAMS
Athletic Tutorial Site Visit Observation Checklist

School: _____ Subject: _____ Date: _____

Teacher: _____ Grade: _____ No. Students _____

Check () Observations	Comments
1. Student selection criteria and deficiency identification <input type="checkbox"/> PACT <input type="checkbox"/> Benchmark Data <input type="checkbox"/> Academic Plans <input type="checkbox"/> Computer Assessments <input type="checkbox"/> Other: _____	
2. Students actively involved and on task <input type="checkbox"/> Enrichment/Extension <input type="checkbox"/> Manipulative <input type="checkbox"/> Games <input type="checkbox"/> Learning pairs <input type="checkbox"/> Peer tutoring <input type="checkbox"/> Reports <input type="checkbox"/> Computer <input type="checkbox"/> Others: _____	
3. On-going assessment informal <input type="checkbox"/> Questioning <input type="checkbox"/> Guided Practice <input type="checkbox"/> Application	
4. Quality instruction: <input type="checkbox"/> Appropriate Materials <input type="checkbox"/> Coaching <input type="checkbox"/> Modeling <input type="checkbox"/> Manipulative <input type="checkbox"/> Lesson Sequence <input type="checkbox"/> Smooth Transitions <input type="checkbox"/> Whole Group Instruction <input type="checkbox"/> Small Group Instruction	

<input type="checkbox"/> Individual Instruction <input type="checkbox"/> Review/Reinforcement <input type="checkbox"/> Other: _____	
5. Appropriate Student/Teacher Ratio	
6. Evidence of Differentiated Learning/Teaching Strategies to Accommodate Diverse Learners	

Monitors Signature: _____