



# ANTHONY INDEPENDENT SCHOOL DISTRICT

## SELF-REFLECTION ON OBSERVED LESSON

TEACHER NAME:	DATE OF LESSON:
CONTENT OBSERVED:	TIME OBSERVED:
NAME OF APPRAISER:	GRADE LEVEL:

Return completed form to Appraiser within 3 working days of lesson observed

Area of **Reinforcement** (From DOMAINS I, II or III) – Identify Dimensions and Supporting Evidence

Area of **Refinement** (From Domains I, II or III) – Identify Dimensions and Supporting Evidence

PLAN OF ACTION:

TEACHER SIGNATURE:	APPRAISER SIGNATURE:
DATE:	DATE:

- **AREA OF REINFORCEMENT and REFINEMENT CANNOT BE FROM SAME DIMENSION**