

# Miami Beach

## ADULT & COMMUNITY EDUCATION CENTER

1424 Drexel Avenue  
Miami Beach, FL 33139

### VISITATION FORM FOR PART-TIME INSTRUCTIONAL PERSONNEL

INSTRUCTOR'S NAME: \_\_\_\_\_ LOCATION #: \_\_\_\_\_

SITE: \_\_\_\_\_ ROOM #: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_ REF#: \_\_\_\_\_ Day: \_\_\_\_\_

CLASS HOURS: FROM \_\_\_\_\_ TO: \_\_\_\_\_ VISITATION DATE: \_\_\_\_\_

TIME ARRIVED: \_\_\_\_\_ TIME DEPARTED: \_\_\_\_\_ OBSERVER: \_\_\_\_\_

| Evaluation  | Y                     | N                     | N/A                   | Comments |
|---|-----------------------|-----------------------|-----------------------|----------|
| 1.) How many students were present in the classroom?  |                       |                       |                       |          |
| 2.) Was attendance sign-in sheet available?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |          |
| 3.) Did the number of students in class match those on the electronic grade book?                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |          |
| 4.) Are lesson plans available?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |          |
| 5.) Were lesson plans current and appropriate for class?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |          |
| 6.) Did observed instruction match lesson plans?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |          |
| 7.) Are emergency lesson plans current and on file?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |          |
| 8.) Is a grade book available and up to date?   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |          |
| 9.) Are student folders available and current with evidence of teacher feedback/grades?                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |          |
| 10.) Was evidence of instruction observed?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |          |
| 11.) Did the teacher create a classroom culture that empowers students to collaborate?                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |          |
| 12.) Did the teacher establish a positive and nurturing learning environment/tone throughout observation? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |          |
| 13.) Were protocols in place to maintain classroom management?  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |          |

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#### OBSERVER'S COMMENTS

Observer's Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

*The teacher is encouraged to review this form with the observer and/or the principal. This form is used as a tool to monitor the adult/vocational programs according to state & district guidelines. It is used as a means to provide educational feedback for program enhancements.*

**CC:** Original form is to be submitted and filed with the principal  
Teacher  
Monitor's File  
Service Provider (when appropriate)