

Montessori Evaluation and Accreditation Board

School Accreditation

Form 4: INDIVIDUAL SESSION/ LESSON OBSERVATION PRO FORMA

SCHOOL BEING ACCREDITED:

NAME OF ASSESSOR:

Obesrvation No:

Day and date:

Subject:

Under 5 ages/ Over 5 Year group(s):

Number of children: Boys:

Girls:

Length of session/ activity/lesson:

Time spent observing the session/ activity/ lesson:

CONTENT AND EVALUATION

Evidence of: (please tick)

Quality of planning

Quality of assessment

Quality and use of resources

Promoting independence

Promoting respect

Classroom management

Adults' routines

Links with parents

OVERALL JUDGEMENT