Monona Grove School District
Occupational/Physical Therapist
Post-Observation Discussion Form

Staff Member: _____ Observer: _____

Position: _____ Date of Lesson/Activity: _____

Concept/Topic being discussed:

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1. As I reflect on this lesson/activity, to what extent were the student(s) productively engaged?

2. Did the students achieve what I intended? Were my instructional or treatment goals met? How do I know?

3. Did I alter my goals or my instructional/treatment plan as I presented the lesson/activity? Why or why not?

4. If I had the opportunity to present this lesson/activity again to this same student(s), what would I do differently? What did I learn about the student(s) that I did not know before and that I will use in future treatment sessions?