

<i>Your Name:</i>	☐	☐	<i>Date:</i>
<i>Video Title and Teacher:</i>			

[illegible]

☐	Physical Space
☐	Materials and Tools
☐	Techniques and Management
☐	Tone and Atmosphere

Make a copy of this checklist for each of the classroom videos you watch and use it to record your observations. Each classroom you observe will have some — although probably not all — of the practices and components listed on the checklist.