



**Project GATE: 2006-2007**

**CLASSROOM VISITATION  
AND COLLEGIAL EXCHANGE LOG**



**Mentor's Name:** \_\_\_\_\_ **Mentee's Name:** \_\_\_\_\_

**School:** \_\_\_\_\_ **Regional Center:** \_\_\_\_\_

**Date of Visitation:** Day: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

**Contact:** \_\_\_\_\_

**Teaching and Learning**

- |  |  |
|--|--|
| <input type="checkbox"/> Learning Tasks                                      | <input type="checkbox"/> Higher Order Thinking Skills (Webb's Level of Complexity) |
| <input type="checkbox"/> Learning Environment                                | <input type="checkbox"/> Lesson Plans  |
| <input type="checkbox"/> Student Engagement                                  | <input type="checkbox"/> Technology  |
| <input type="checkbox"/> Opening Class Routine                               | <input type="checkbox"/> Instructional Strategies/ Methods                         |
| <input type="checkbox"/> Instruction (whole group, small group, independent) | <input type="checkbox"/> Teacher/Student Interactions                              |
| <input type="checkbox"/> Communication/ Language (ESOL)                      | <input type="checkbox"/> Differentiated Instruction                                |
| <input type="checkbox"/> Home Learning                                       | <input type="checkbox"/> Inclusionary Practices                                    |
| <input type="checkbox"/> Parental Involvement                                | <input type="checkbox"/> Assessment (district, state, curriculum based)            |
| <input type="checkbox"/> Materials/Resources                                 | <input type="checkbox"/> Gradebook   |
| <input type="checkbox"/> Individual Student Behavior                         | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Classroom Management                                |  |
| <input type="checkbox"/> Motivational Techniques                             |  |
| <input type="checkbox"/> Appropriate Use of Accommodations                   |  |

**Compliance**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> IEP              | <input type="checkbox"/> ESOL Levels  |
| <input type="checkbox"/> Insert B updates | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Matrix           |                                       |



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Commendations:

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Recommendations:

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Follow-Up:

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Next Visit:

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\_\_\_\_\_  
Mentor's Signature

\_\_\_\_\_  
Mentee's Signature