**Request for Video Observation of an Evidence-Based Reading Lesson**

Please fill out the information below and check the component that you will be teaching for the observation. Each observation should focus on only one component. If you would like feedback on more than one component, please fill out a request for each one.

Instructor Information:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Last Name First Name*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Daytime Phone Number Email Address*

Organization or program where the lesson will be taught:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Organization Name City*

Choose the reading component to be observed (you may choose only one):

\_\_\_\_ Alphabetics **\_\_\_\_** Vocabulary

**\_\_\_\_** Fluency  **\_\_\_\_** Comprehension

To guide you in planning for the observation, you will receive an email with the following attachments:

1. Virtual Classroom Observation Feedback Chart

Be sure to review the **Helpful Hints** for the instructional practices of the component you will be teaching. This is the same form that the reviewer will be using to provide feedback after watching your video.

1. Video Submission Form with instructions on uploading the video

 Keep all video under 20 minutes. If you need to submit more than 20 minutes, submit two

 separate videos.

1. Release form for Instructor.
2. Release form for students.

***When you have completed this form, scan and send to JKoffend@cntrmail.org. If you have any questions please call 224-366-8622.***