

Written Feedback Quality Review Tool

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| --- |
| **Prioritized:**  |
| 1. Does the feedback reinforce the teacher’s strongest practice areas?
 |  | * No
 | * Yes
 |
| 1. Does the feedback focus on 1 or 2 areas for improvement?
 |  | * No
 | * Yes
 |
| 1. Will the focus of the feedback have the greatest impact on teacher and student performance?
 |  | * No
 | * Yes
 |
| 1. Is the feedback appropriate to the context of the classroom?
 |  | * No
 | * Yes
 |
| **Specific:**  |
| 1. Are specific examples from the observation cited throughout the feedback?
 |  | * No
 | * Yes
 |
| 1. Is the feedback aligned to the practice rubric?
 |  | * No
 | * Yes
 |
| **Actionable:** |
| 1. Does the feedback include action steps that offer the teacher a clear picture of what this would look like in his/her classroom?
 |  | * No
 | * Yes
 |
|  |
| 1. Is the feedback feasible to implement successfully in the near future?
 |  | * No
 | * Yes
 |
| 1. Does the feedback include resources or strategies the teacher can utilize?
 |  | * No
 | * Yes
 |
|  |
| **Feedback Delivery:** |
| 1. Is the tone of the feedback supportive?
 |  | * No
 | * Yes
 |
| 1. Was the feedback provided soon after the observation?\*
 |  | * No
 | * Yes
 |

\*LEAs may have local policy regarding timeframes for feedback



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