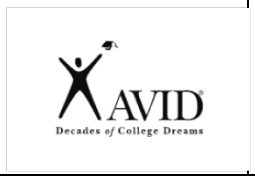
| | | |
|---|---|---|
|  | **Topic/ Objective:**<br><br>**Teacher Evaluation** | **Name:**<br><br>**Date:**<br><br>**Period:** |

Essential Question: **What does effective teaching look like?**

| Domains | Elements to support/determine effectiveness. |
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Summary: