

Your City/County School District

Central Junior High School

PRE-OBSERVATION CONFERENCE FORM
TEACHER

NAME: Mr. John Doe

DATE: 10/4/2007

GRADE/SUBJECT: 6th

1. Desired results for student learning are clearly defined and in agreement with the Standard Course of Study and appropriate End-of-Grade or End-of-Course tests.

COMMENTS:

No pre-defined comments available. I will be looking for information leading to the EOG tests.

2. A baseline for learning has been established.

COMMENTS:

No pre-defined comments available.

3. Evaluation of Student learning involves pre and post assessments.

COMMENTS:

No pre-defined comments available.

4. Parents are involved in their child's learning.

COMMENTS:

No pre-defined comments available.

5. Technology and resources are used to deliver instruction.

COMMENTS:

No pre-defined comments available.

Evaluator's Notes:

COMMENTS:

No pre-defined comments available.

This form has been completed and discussed preliminary to a
Formal Observation scheduled for _____.
Period/Time and Date

Signed _____	____/____/____
Teacher	Date
Signed _____	____/____/____
Evaluator	Date