



Union County Educational Services Commission Teaching Staff Observation Report 2017 – 2018

Staff Name: _____ Title: _____

School/Program: _____ Tenure Status: _____

Evaluator Name: _____ Title: _____

Co-Evaluator Name: _____ Title: _____

Observation Format	
<input type="checkbox"/> First Observation	<input type="checkbox"/> Announced
<input type="checkbox"/> Second Observation	<input type="checkbox"/> Unannounced
<input type="checkbox"/> Third Observation	

Observation Date: _____ Time: _____ Location: _____

Subject/Activity: _____ Grade: _____

Pre-Conference Date: _____ Post-Conference Date: _____

Signatures

Staff Signature: _____ Date: _____

Staff Response Attached: Yes No

Signature of staff member indicates that the observation was reviewed and a copy of the evaluation report was provided at the post-observation conference on the aforementioned date. The staff member may submit a written response within ten (10) working days of the post-observation conference and a copy will be attached to the evaluation report maintained in the Personnel Office.

Evaluator Signature: _____ Date: _____

Co-Evaluator Signature: _____ Date: _____