

# CERTIFICATED CLASSROOM OBSERVATION

POWAY UNIFIED SCHOOL DISTRICT  
13626 Twin Peaks Road, Poway, California 92064

TEACHER'S NAME				COURSE/SUBJECT/GRADE LEVEL			SCHOOL/DEPARTMENT		DATE
							MCHS / Science		
TIME:	(FROM)	(TO)	CLASS SIZE	<input checked="" type="checkbox"/> ANNOUNCED	STATUS: TENURED <input type="checkbox"/>		PROBATIONARY <input checked="" type="checkbox"/> 1st Yr <input type="checkbox"/> 2nd Yr		PAGE OF
				<input type="checkbox"/> UNANNOUNCED					

## EVALUATOR'S OBSERVATION

**1. Instructional Activities:**


**2. Reactions/Suggestions:**

EVALUATOR'S SIGNATURE	POSITION	DATE
	Principal	

### TEACHER'S COMMENTS

All written summaries of observations shall be delivered to the teacher within three (3) working days following the observations, and signed by the teacher within five (5) working days following the observation. The teacher has the right to respond to the observation in writing, and the response shall be attached to the formalized observation.

Signature of teacher does not constitute agreement, but merely acknowledgment of the observation and this record. A follow-up conference, if requested, will provide opportunity for discussion and comments on the observation.	TEACHER'S SIGNATURE	DATE