

WAYNE CENTRAL SCHOOL DISTRICT

POST-OBSERVATION CONFERENCE REPORT

Teacher_____ Date of Observation_____

Subject_____ Time of Observation_____

Class _____ Scheduled_____

Unscheduled_____

Date/Time of Conference_____ Length of Conference_____

Summary of Observation:

Observer Reaction to Lesson:

Teacher Reaction to Observation/Conference:

I have read and understand the above post-observation report:

Signature_____ Date_____

Teacher

Signature_____ Date_____

Observer

cc: Superintendent of Schools
Principal
Supervisor
Teacher

ADOPTED: July 24, 1996

WAYNE CENTRAL SCHOOL DISTRICT

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ANNUAL TEACHER EVALUATION AND PLANNING GUIDE

Name of Teacher _____ School _____

Grade or Subject Assignment _____ Name of Evaluator _____

A. EVALUATION CATEGORIES:

1. Instructional Competence

2. Interpersonal Relationships

3. Professional Responsibilities

PERFORMANCE:

___ Satisfactory ___ Satisfactory, Needs Improvement ___ Unsatisfactory

B. IMPROVEMENT PLAN and/or GOAL-SETTING

(Areas in which the administrator and teacher will work together for improvement)

C. TEACHER STATEMENT OR REACTION (optional)

SIGNATURES

Administrator _____ Date _____

Teacher _____ Date _____

NOTE:

- (1) This evaluation is to be made out jointly by the building administrator and teacher once a year
- (2) Signatures confirm only that each party has participated in the evaluation process. It does not affirm that all parts of the report are agreeable to both parties.

Distribution: Teacher
Principal
Personnel File

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