Garden Grove Unified School District Recommended Improvements

School Year: 20 / 20 Employee:	C Location :	Conference Date : Location : Position :		
Teaching Assignment:				
Status : Temporary	Probationary	Permanent (3-10)	Permanent (11+)	
Evaluator:		Title :		
A written description of the enumerated on observation f records. Observation and confe	orms in which employee p	erformance is less than sat	sfactory as indicated by w	areas ⁄ritten
Observation Dates:				
Conference Dates:				
AREA(S) NEEDING IMPR	OVEMENT:			
DI AN EOD CODDECTION				
PLAN FOR CORRECTION	IS, TIMELINE AND FOLL	OW UP:		
Evaluator's Signature	-	Date	-	
Employee's Signature		Date	9	

I have received a copy of the evaluator's recommendations. My signature does not necessarily indicate agreement. A separate statement of Employee Response may be attached to this report and may include a request for a conference with the Office of Personnel Services.

Original - Employee Personnel File Copy One - Employee Copy Two - Evaluator

(Rev. 3/09)