

Garden Grove Unified School District

Observation Report

Name: _____ Date of Visitation: _____ Scheduled: Unscheduled:

School: _____

Status: Temporary Probationary Permanent (3-10) Permanent (11+)

Time: From _____ To _____ Subject: _____ Grade: _____

Factor Ratings

Observations/Comments

	Satisfactory	Needs Improvement	Not Observed
INSTRUCTION			
1. Management of Instructional Time	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Instructional Strategies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Instructional Presentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Appropriate Curriculum	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CLASSROOM MANAGEMENT			
5. Management of Student Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Management of Classroom Environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STUDENT PROGRESS			
7. Instructional Monitoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Instructional Feedback	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OTHER			
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Strengths

Recommendations (if applicable)

Evaluator's Signature

Date

Employee's Signature

Date

My signature does not necessarily indicate agreement. A separate Statement of Employee Response may be attached to this report. If another page is attached, previous pages should be initialed by both parties.