

Vista Unified School District
CERTIFICATED PERSONNEL – INTERIM OBSERVATION AND EVALUATION REPORT

Evaluatee _____ Location _____ Assignment _____

No. of Observation _____

Certificated Status: (check one)

Permanent Temporary

Probationary

1st Year 2nd Year

ACTIVITY _____ OBSERVATION DATE _____ TIME _____

I. OBSERVED ACTIVITIES:

II. EFFECTIVE ASPECTS OF LESSON:

III. CONFERENCE DISCUSSION AND/OR NEXT STEPS REGARDING INSTRUCTIONAL OR PROFESSIONAL STANDARD, I

IV. SUGGESTIONS FOR IMPROVEMENTS REGARDING INSTRUCTIONAL OR PROFESSIONAL STANDARDS:

V. EVALUATEE'S RESPONSE:

Signature indicates a conference was held on _____(date).

Evaluatee _____ Evaluator _____

Check if additional pages attached. Such pages should be dated and signed as above.

DISTRIBUTION: White - Personnel File Yellow - Evaluator Pink - Evaluatee