Zachary Community School Board
Teacher Observation

Teacher: _____ Social Security#: _____
Location: _____ Position: _____
Observer: _____ Positon: _____
Date_____ Time_____ a.m./p.m. Subject/Grade _____
Pre-observation conference date _____ Time: _____

I. Observation Statement: Evidence of at least one of the Louisiana Components of Effective Teaching.

II. Commendations:

III. Recommendations:

IV. Employee's Comment:

Observer's Signature	Evaluatee's Signature	Post-Observation Conf.Date

Original – Personnel Department • 1 Copy – File • 1 Copy – Evaluatee