**Plan II – Professional Growth**

**Conference Observation Form**

Teacher:       Administrator:

Date (Time/Hour):       Duration of visit:

1st Observation  2nd Observation  Additional Observation

**Standard(s) Related to Goal** *(Check all that apply):*

|  |  |
| --- | --- |
| I. Classroom Environment    II. Preparation and Planning    III. Instruction | IV. Assessment  V. Communication and Professional  Responsibilities |

|  |
| --- |
| **Teacher Comments:** |
| **Administrator Comments:** |

**Observed/Reviewed:**  Lesson Plan  Student Engagement  State Curriculum

Teacher’s Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Administrator’s Signature and Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_