**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_