

Appendix B
Dover-Sherborn Public Schools
Formal Observation Feedback Form

- Developing Educator Plan
- 2-Year Self-Directed Plan –Yr 1
- 2-Year Self-Directed Plan –Yr 2
- 1-Year Self-Directed Plan
- Directed Growth Plan
- Improvement Plan

The Form is to be completed and provided to the educator, either in person or electronically, by the end of the following school day after a mini-observation, and within five school days following a full-observation.

Educator Name/Title: _____

Evaluator Name/Title: _____

School(s): _____ Academic Year: _____

Date of Mini-observation: _____

Full-observation

Announced

Unannounced

Mini-observation (Length of visit _____)

Grade Level/Course Observed: _____

Student Learning Objectives

Briefly summarize the posted or otherwise observed student learning objectives.

Evaluator's Observations During the Mini-observation

Category I Notes:

Category II Notes:

Category III Notes:

Category IV Notes:

Category V Notes:

Category VI Notes:

Category VII Notes:

Commendations

Recommendations

Signature of Educator: _____ Date: _____

Signature of Evaluator: _____ Date: _____

The signature of the educator means only that he/she has read this document. The educator may attach a written statement of his/her own provided he/she does so within five working days.