



**WESTPORT
COMMUNITY SCHOOLS**

Report of Observation

EDUCATOR: _____

EVALUATOR: _____

DATE OF VISIT: _____ **CLASS OR GRADE LEVEL:** _____

ANNOUNCED **UNANNOUNCED** **OTHER**

EVALUATOR'S COMMENTS:

We need to talk.

Evaluator's Signature

Position

Date

Educator's Signature

Position

Date

The signature of the educator means only that s/he has read this document. The evaluator will present the form to the educator within 10 working days of the observation. The educator may attach a written statement or evidence of his/her own provided s/he does so within ten working days of receipt of this form.