

Medford Public Schools Unannounced Observation Feedback Form

Educator—Name/Title: _____

Evaluator/Observer—Name/Title: _____

School/Class/Activity: _____ Date and Timeframe: _____

Assessing progress toward (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Student learning goal(s) | <input type="checkbox"/> Standard I: Curriculum, Planning & Assessment |
| <input type="checkbox"/> Professional practice goal(s) | <input type="checkbox"/> Standard II: Teaching All Students |
| | <input type="checkbox"/> Standard III: Family & Community Engagement |
| | <input type="checkbox"/> Standard IV: Professional Culture |

Observation Feedback

Provide notes and judgments made during the observation resulting in targeted and constructive feedback. It may include examination of artifacts of practice including student work. Attach artifacts if appropriate.

Check here if this observation results in one or more standards judged to be unsatisfactory or needs improvement for the first time. If so, it must be followed by at least one observation of equal to substantially a full period that does not exceed 60 minutes within 30 school days

Signature of Evaluator _____ Date Completed: _____

Signature of Educator* _____ Date Received: _____

* Signature of the educator indicates acknowledgement of this report; it does not necessarily denote agreement with the contents of the report. Educators have the opportunity to respond to this report in writing and may use the Educator Response Form.