



**PRE-OBSERVATION CONFERENCE FORM**

Name: \_\_\_\_\_ School Site: \_\_\_\_\_

Position \_\_\_\_\_ Date: \_\_\_\_\_

Focus of the Observation	Observation Logistics			Observer
	Time	Location	Duration	
1.				
2.				
3.				

Evaluator: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_