

Teacher

School

Strengths of the Lesson

Areas for Growth

We have participated in a conversation on the above items.

EVALUATOR

Name

****Original signature required! Please print and sign.****
(This notation will not print.)

Signature _____

Date

TEACHER

Name

****Original signature required! Please print and sign.****
(This notation will not print.)

Signature _____

My signature above indicates that I have seen this evaluation.
It does not necessarily indicate my agreement with the findings.

Date