

MEASURES OF TEACHER PRACTICE OBSERVATION OPTION SELECTION FORM

Teacher Name: _____

Teacher ID: _____

School Year: _____

School Name/DBN: _____

OBSERVATION OPTION: (check one)

- | | |
|---|--|
| <input type="checkbox"/> Option 1:
Formal Observation (minimum of 1)
Informal Observations (minimum of 3) | <input type="checkbox"/> Option 2:
Informal observations (minimum of 6) |
| <input type="checkbox"/> Option 3:
Informal Observations (minimum of 4)
Non-evaluative classroom visits by a
colleague (max of 2, unless teacher
consents to additional)
<u>Only teachers who are rated Effective or
Highly Effective in the prior school year
may select Option 3.</u> | <input type="checkbox"/> Option 4:
Informal Observations (minimum of 3)
Non-evaluative classroom visits by a colleague
(max of 3, unless teacher consents to
additional)
<u>Only teachers who are rated Highly Effective in
the prior school year may select Option 4.</u> |

CONSENT TO HAVE OBSERVATION(S) VIDEOTAPED: (check one)

<input type="checkbox"/>	For all observation options Evaluator may choose which observations, if any, to videotape.
<input type="checkbox"/>	For observation option(s) as indicated below If Observation Option 1 selected: Formal Classroom Observation ONLY If Observation Option 2 selected: Two (2) Informal Classroom Observations ONLY If Observation Option 3 or Observation Option 4 selected: One (1) Informal Classroom Observation ONLY
<input type="checkbox"/>	For all observation options DO NOT CONSENT TO VIDEOTAPE EVALUATIVE CLASSROOM OBSERVATIONS

Teacher's signature: _____ Date _____
(I have read and received a copy of the above and understand that a copy will be placed in my file.)

Evaluator's name (print): _____

Evaluator's signature: _____ Date _____