

WISE COUNTY SCHOOLS
TEACHER OBSERVATION REPORT
SCHOOL YEAR _____

School: _____ Principal: _____

The following teachers have been evaluated during the _____ semester:

NAME:		CONTRACT STATUS: New Teacher (NT) Probationary Contract (PC) Continuing Contract (CC)	DATE OBSERVED: (Please initial each observation)
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(PLEASE SUBMIT A COPY OF THIS FORM TO THE CENTRAL OFFICE AT THE END OF EACH SEMESTER)