

STAFF DEVELOPMENT PROFESSIONAL OBSERVATION

Name _____ Building _____ Today's Date _____

Principal / Supervisor Signature

Staff Development Committee Approval
(pre-approval needed)

Requested Date of Observation

Complete this section before your observation.

Why do you want to make this observation? _____

Please list two (2) additional observation dates in order of preference:

(1) _____ (2) _____ Proposed Building _____

District _____ Other Observation Site _____

A Specific Person/Position? _____ Telephone # _____ Subjects/area _____

Complete this section after your observation.

Observed : _____ (___) Elementary School Date observation completed: _____

Who? _____ (___) Middle School _____

What? _____ (___) High School _____

_____ (___) Special Classes

What did you learn through your observation that can benefit your class, your building, or the district? How does this address your PDP, the building SIP or district CCIP? (Use back if additional space is needed.) _____

ONCE APPROVED, SUBSTITUTES WILL BE ARRANGED THROUGH THE STAFF DEVELOPMENT OFFICE.

⇒ **Be sure to complete the *District Application for Leave* form and include it with this form. Check "other" and write in "Staff Development Observation."**