

MEASURES OF TEACHER PRACTICE OBSERVATION OPTION SELECTION FORM

Teacher Name: _____

Teacher ID: _____

School Year: _____

School Name/DBN: _____

OBSERVATION OPTION: (check one)

- | | |
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| <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 3)
Classroom Visits (max of 3 unless teacher consents to additional)
<i>Only teachers who are rated Highly Effective in the prior school year may select Option 3.</i> | <input type="checkbox"/> Option 4: Informal Observations (minimum of 4)
<i>Only teachers who are rated Effective in the prior school year may select Option 4.</i> |

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"/>	Formal Classroom Observation ONLY (if Observation Option 1) or two (2) Informal Classroom Observations ONLY (if Observation Option 2) or one (1) Informal Classroom Observation ONLY (if Observation Option 3 or Observation Option 4)
<input type="checkbox"/>	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 _____