

Teacher Evaluation Selection Form

School Building(s) _____

Teacher _____

Grade Level(s) _____

Subject _____

School Principal/Administrator _____

School Year _____ - _____

Observation Option Selected (Option 1 (formal and informal) or Option 2 (informal only)): _____

Consent to video as an observational tool for: (check all which apply)

BOTH Formal Announced AND Informal Unannounced Classroom Observations

Formal Announced Classroom Observation ONLY

DO NOT CONSENT TO USE OF VIDEO

Informal Unannounced Short Classroom Observation ONLY

Teacher Signature

Date _____

School Administrator/Lead Evaluator Signature

Date _____