

**Cortland Enlarged City School District
Post-Observation Form**

Name of Staff Member:		Date:
Name of Administrator:		Time:
Subject/Lesson Topic:		School:
Class Observed:		Room #:

Domain 1: Planning and Preparation

Domain 2: Environment

Domain 3: Delivery of Service

Domain 4: Professional Responsibility

Non-Observation Comments (Professional Qualities and Interpersonal Skills):

Staff Member's Comments on Evaluation:

Conference Held: _____

Staff Member's Signature - acknowledging review of this evaluation only; does not indicate agreement or disagreement with the contents.

Date

Administrator's Signature

Date

Signed original to circulate and initial as follows: Asst. Supt. for C & I or PPS _____ *initial*
Superintendent _____ *initial*
Personnel Office (file) _____ *initial*

cc: Principal
Staff Member
Administrative Supervisor