**Cortland Enlarged City School District**

To be submitted by Specialist

**Pre-Observation Form**

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date and Time of Pre-conference:** |  |  |  | (*Can be waived. See Section B)* |
|  | ***(date)*** |  | ***(time)*** |  |

**Section A: To be completed by the staff member**

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| 1. What are your goals for this observation? (Please specify content and desired outcome.) |
| 2. How will you know if the desired outcomes have been achieved? |
| 3. What particular techniques do you want me to observe and provide feedback? |
| 4. Other Comments |

**Section B: To be completed if the pre-observation conference is waived.**

Pre-observation conference is mutually waived (exclusive of first observation for probationary staff). Administrator may request additional information.

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|  |  |  |
| *Staff Member's Signature* |  | *Date* |
|  |  |  |
| *Administrator's Signature* |  | *Date* |

**Section C: A post-conference is required.**