

**APPENDIX F-1**  
**CLASSROOM VISITATION FORM**  
**CAMPUS SCHOOL TEACHER**

Teacher's Name \_\_\_\_\_

Tenured \_\_\_\_\_ Non-Tenured \_\_\_\_\_

Campus School \_\_\_\_\_ College \_\_\_\_\_

Date of Visitation \_\_\_\_\_

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I. **MANDATORY OBSERVATIONS OF THE LESSON**

A. Instructional Mode

B. Use of Materials

C. Interaction:

1. Pupil-Pupil
  2. Pupil-Teacher
  3. Teacher-Pupil
- 

II. **OTHER OBSERVATIONS OF THE LESSON**

III. CONFERENCE

A. Evaluator Comments

B. Evaluatee Comments

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\_\_\_\_\_  
Signature of Evaluator

\_\_\_\_\_  
Date

This is to certify that I have read this evaluation

\_\_\_\_\_  
Signature of Campus School Teacher

\_\_\_\_\_  
Date

**APPENDIX F-2**  
**PRINCIPAL OR PEER EVALUATION COMMITTEE**  
**EVALUATION OF CAMPUS SCHOOL TEACHER**

Name \_\_\_\_\_

Date of Last Evaluation \_\_\_\_\_ College \_\_\_\_\_

Date of This Evaluation \_\_\_\_\_

Personnel Action Being Considered \_\_\_\_\_

**DIRECTIONS:**

Evaluate each Campus School Teacher on Items A through C (include D where applicable).

**CRITERIA:** (Article VIII, §A(1); VIII-B, §A)

- A. Teaching Effectiveness (Article VIII, §A(1)(a)(i))
  
  - B. Continuing Scholarship (Article VIII, §A(1)(b)(i))
  
  - C. Other Professional Activities (Article VIII, §A(1)(b)(ii))
  
  - D. Alternative Responsibilities (Article VIII, §A(1)(b)(iii))
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\_\_\_\_\_  
Signature of Principal or  
Committee Chair

\_\_\_\_\_  
Date

This is to certify that I have read this evaluation

\_\_\_\_\_  
Signature of Campus School Teacher

\_\_\_\_\_  
Date

If a Committee, list the names of its members:

(TO BE FILLED IN BY CHAIR OF THE COMMITTEE):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Names of Committee Members

Recommendation concerning personnel action being considered:

\_\_\_\_\_

Record of votes cast, if any:

(TO BE FILLED IN BY CHAIR OF THE COMMITTEE):

\_\_\_\_\_  
(For)

VOTE

\_\_\_\_\_  
(Against)

\_\_\_\_\_  
Date of Vote