APPENDIX F-1
CLASSROOM VISITATION FORM
CAMPUS SCHOOL TEACHER

Teacher’s Name______________________________

Tenured_________________________ Non-Tenured_____________________

Campus School ________________ College__________________________

Date of Visitation__________________________

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

______________________________________________________________

Signature of Evaluator                                         Date

This is to certify that I have read this evaluation

______________________________________________________________

Signature of Campus School Teacher                           Date
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))
Signature of Principal or Committee Chair

This is to certify that I have read this evaluation

Signature of Campus School Teacher

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) ____________________ (Against) ____________________ Date of Vote

VOTE