Mukilteo School District
Teacher Observation Report (version 1)

Employee: ____________________________  Position: ____________________________
Evaluator: ____________________________  Building: ____________________________
Type of Observation:   Formal    Informal  Time in: ____________  Time out: ____________
Date of Observation: ____________________________  Date of Post-Ob Conference: ____________

Strengths:
1.
2.

Next Steps or Suggestions
1.
2.

Evaluator signature: ______________________________  Employee signature: ______________________________
Date: __________________________________________  Date: __________________________________________

Evaluatee may attach comments (seven calendar days from receipt).