**STOCKTON UNIFIED SCHOOL DISTRICT**

**NON-INSTRUCTIONAL CERTIFICATED EMPLOYEE'S REACTION TO OBSERVATION**

Teacher's Name School Last First

Observer's Name Date/Time of Observation: Date From To

Was the time for the observation announced in advance? Yes No

Duty observed

Student level Number of students at time of observation

Adequately trained to perform this duty? Yes N o Ability level of students

The student group was typical atypical If atypical, explain (i.e. storage space, sound levels, heating &

cooling, etc.)

Was there any reason to feel that the students performed in a less satisfactory manner than is usual? Yes

Explain:

No

Was there any personal reason to feel that you could not perform to capacity? Yes No

Explain (i.e. illness, personal problems, etc.)

What factors may have helped you to improve your effectiveness? (i.e. material requirements, a different assignment, curriculum help, in-service training, etc.):

Had you requested any of the above? Yes No

Does the presence of an observer cause you to be ill-at-ease?

Greatly Somewhat

Very little

Not at all

Do you feel the observer followed recognized observation procedures in a

Satisfactory manner Reasonably satisfactory manner ADDITIONAL REMARKS:

Unsatisfactory manner

Date SUSD Human Resources 08/13/03

Teacher's Signature