Bonsall Unified School District
Certificated Observation Form

Name: _____ Location:_____ Grade/Subject:_____

Observation # _____ Observation Date ____/____/____ Time: ___:____ Goal Focus:_____

1. Activities observed:

2. Effective Aspects of Lesson reflecting California Standards for the Teaching Profession:

3. Comments related to student academic growth:

4. Suggestions for improvements regarding student growth and CSTP goal:

5. Evaluatee's Response (may attach additional pages):

Signature indicates conference was held on _____ (date).

Evaluatee: _____ Date: _____ Evaluator: _____ Date: _____

Check if additional pages attached. Such pages should be dated and signed as above.