

**G. Observation Report – Observation 2**

*This form is to be filled out by the licensed staff and submitted to the evaluator prior to the pre-observation conference.*

**Licensed Staff:** \_\_\_\_\_ **Evaluator:** \_\_\_\_\_

**Employee #:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**Building:** \_\_\_\_\_

**Current position:** \_\_\_\_\_ **Date & Time** \_\_\_\_\_

Summary of Lesson Activity/Lesson observed by Peer of Choice:

Evidence of development in the Targeted Area of Professional Growth as described in the Lesson Action Plan:

Suggestions/Comments/Next Steps:

Licensed staff comments (optional):