

Anoka-Hennepin District #11 Performance Appraisal System
J. Observation Report – Observation 3 (Prob. & HC)

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** _____

Check off if the licensed staff member is proficiency:

Component:	Meets standard	Evidence that demonstrates the component
2A. Creating and Environment of Respect and Rapport	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2B. Establishing a Culture for Learning	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2C. Managing Classroom Procedures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2D. Managing Student Behavior	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2E. Organizing Physical Space	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Administrator Comments:

Licensed staff comments (optional):