



**CLASSROOM TEACHER EVALUATION INSTRUMENT:
OBSERVATION SUMMARY**

Teacher: _____

Lawson #: _____

Observer Name/Position: _____

Lawson #: _____

School Site: _____

Observation Date: _____

Post Conference Date: _____

Areas of Strength

Empty box for recording Areas of Strength.

Areas of Focus

Empty box for recording Areas of Focus.



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Suggested Next Steps

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