



## PROBATIONARY TEACHER CLASSROOM OBSERVATION / PROFILE REPORT

TEACHER'S NAME: \_\_\_\_\_

SUBJECT: \_\_\_\_\_

GRADE: \_\_\_\_\_ HOMEROOM: \_\_\_\_\_

**1. Pre-Conference / Profile Report**

Date: \_\_\_\_\_

**2. Classroom Observation**

Date: \_\_\_\_\_

Subject: \_\_\_\_\_

*Description of class:*

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**3. Post-Classroom Observation / Profile Report**

Date: \_\_\_\_\_

**4. Teacher Strengths:** (as perceived by the teacher and/or the evaluator)

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**5. Teacher Needs:** (as perceived by the teacher and/or the evaluator)

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**6. Action Plan for Growth:** (as perceived by the teacher and/or the evaluator)

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TEACHER'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ADMINISTRATOR'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_