ELIDA LOCAL SCHOOLS

POST CONFERENCE

Teacher Name: **Observation Date:**

Evaluator Name: **Course/Subject:**

Notes from Observation:

Area of Focus #1

Domain		
Focus for Learning ☐	Knowledge of Students ☐	Lesson Delivery ☐
Classroom Environment ☐	Assessment of Student Learning ☐	Professional Responsibility ☐
Component:		

Notes:

Area of Focus #2

Domain		
Focus for Learning ☐	Knowledge of Students ☐	Lesson Delivery ☐
Classroom Environment ☐	Assessment of Student Learning ☐	Professional Responsibility ☐
Component:		

Notes:

Teacher signature/date **Evaluator signature/date**

Teacher signature indicates that this document has been shared with the teacher and does not necessarily imply agreement.

Teacher Comments: