ELIDA LOCAL SCHOOLS

POST CONFERENCE

(LESS FREQUENT CYCLE)

Teacher Name: **Observation Date:**

Evaluator Name: **Course/Subject:**

Notes from Observation:

Professional Growth Plan Notes:

The teacher will present evidence by April 1st showing their work and progress on their goals for their professional growth plan. This will then be discussed during their Final Summative Conference.

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: