

**NEWARK UNIFIED SCHOOL DISTRICT
DROP-IN FORM**

Educator (E):		Grade/Subject:	
School:		Date of Visit:	
Evaluator (Ev): Peer Coach (PC):		Drop-In #:	
Time In:		Time Out:	

CSTP/Domain	Educator Effectiveness	Summary of Evidence Gathered (Notes, Critical Evidence & Feedback)
<u>Element</u>	<input type="checkbox"/> Integrating <input type="checkbox"/> Applying <input type="checkbox"/> Emerging <input type="checkbox"/> Not Effective	
<u>Element</u>	<input type="checkbox"/> Integrating <input type="checkbox"/> Applying <input type="checkbox"/> Emerging <input type="checkbox"/> Not Effective	
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