

**PERRIS UNION HIGH SCHOOL DISTRICT  
CERTIFICATED OBSERVATION REPORT**

Tenured:   
Probationary:  1st  2nd  
Other:  \_\_\_\_\_

Employee Name: \_\_\_\_\_  
Work Site: \_\_\_\_\_  
School Year: \_\_\_\_\_

Class Activity Observed: \_\_\_\_\_  
Date & Period of Observation: \_\_\_\_\_  
Length of Observation: \_\_\_\_\_  
Date of Conference: \_\_\_\_\_

**Observation:**

**Commendations/Recommendations:**

**Summary:**

This report is a summary of my formal observation and has been discussed with me in conference with my Evaluator. The Evaluatee may, within 10 working days, make a written response to the observation. A signature on this observation report does not necessarily signify agreement.

\_\_\_\_\_  
Evaluatee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Evaluator's Signature

\_\_\_\_\_  
Date

White: Personnel File  
Yellow: Site Administrator  
Pink: Employee