

**PERRIS UNION HIGH SCHOOL DISTRICT  
PRE-OBSERVATION FORM  
Non-Directed Teaching**

Tenured:   
Probationary:  1st  2nd  
Other:   
 (not eligible for tenure)

Employee Name: \_\_\_\_\_

Position: \_\_\_\_\_

Subject to be Observed: \_\_\_\_\_

Date of Observation/Meeting \_\_\_\_\_

Time of Observation/Meeting: \_\_\_\_\_  
(Mutually agreed to by administrator & staff member)

Work Site: \_\_\_\_\_

School Year: \_\_\_\_\_

The unit member will state evidence of how they have met or will meet the areas of evaluation on their Certificated Evaluation Form. This form is turned into the Evaluator within 5 days of the observation/meeting, but not later than 24 hours prior to the observation/meeting.

<b>AREAS OF EVALUATION: (to be completed by the Evaluatee)</b>
<b>EVALUATION AREA #1</b>
Evidence:
<b>EVALUATION AREA #2</b>
Evidence:
<b>EVALUATION AREA #3</b>
Evidence:
<b>EVALUATION AREA #4</b>
Evidence:
<b>SPECIAL PROJECTS THAT THE EVALUATOR SHOULD BE AWARE OF:</b>
<b>SPECIAL SITUATIONS THAT EFFECT THE PERFORMANCE OF THIS JOB:</b>

White: Site Administrator  
Yellow: Employee