

**Council Rock School District
Student Observation Form**

Observer's Name: _____ Date: _____

Agency Name: _____ Phone: _____

Student Observed: _____

Start Time: _____ End Time: _____

What class / activity / lesson(s) did you observe?

Favorable Observations and Comments:

Areas of Concern:

Do comments noted on this form require follow-up from the teacher? Y N

Do comments noted on this form require follow-up from an administrator? Y N

Observer's Printed Name Observer's Signature Date

REVIEWED BY:

Staff Name Staff Signature Date