Travis Unified School District

Certificated Evaluation Instrument
Portfolio Optional Observation

(Permanent Unit Members Only)

(Reference: Collective Bargaining Agreement, Article 12)

Date:

Time Start:

Time End:

Employee:_____ School Year:_____

Grade/Subject Area:_____ Site/Location:_____

Employee Status: Permanent

Evaluator:_____ Title:_____ Date:_____

Time In: _____ Time Out: _____ (approximately 20 minute observation required)

Summary of Observation:	
Comments by Evaluator:	Comments by Evaluatee:

Evaluator's Signature:_____ Date:_____

Employee's Signature:_____ Date:_____