NOT FOR USE WITH PERMANENT UNIT MEMBERS

Travis Unified School District

Certificated Evaluation Instrument
Informal Observation

(Reference: Collective Bargaining Agreement, Article 12)

Informal Observation

#1 ☐

#2 ☐

Unit Member:_____ School Year: _____

Grade/Subject Area/Assignment: _____ Site/Location: _____

Unit Member Status: Temporary Intern Probationary-1 Probationary-2
(circle one)

Evaluator:_____ Title:_____ Date:_____

Time In: _____ Time Out: _____ (minimum 30 minute observation required)

Summary of Observation:	
Comments by Evaluator:	Comments by Unit Member:

_____ _____

Evaluator's Signature Date Unit Member's Signature Date