

# FRAMEWORK FOR EVALUATION AND PROFESSIONAL GROWTH

# OBSERVATION NOTES COVER SHEET

EDUCATOR NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

EVALUATOR NAME: \_\_\_\_\_

Observation Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Number of Students: \_\_\_\_\_

Class/Session Start Time: \_\_\_\_\_

Class/Session End Time: \_\_\_\_\_