

**BOGALUSA CITY SCHOOL SYSTEM  
FORMAL TEACHER OBSERVATION FORM**

Teacher's Name \_\_\_\_\_ Observer's Name \_\_\_\_\_  
Campus \_\_\_\_\_ Grade/Assign \_\_\_\_\_ Experience \_\_\_\_ 4+ \_\_\_\_ 0-3  
Begin/End Time \_\_\_\_\_ / \_\_\_\_\_ Observation Date \_\_\_\_\_  
Summative Conference Date \_\_\_\_\_

**PURPOSE OF OBSERVATION: IMPROVEMENT OF INSTRUCTION**

**I. PRE-OBSERVATION CONFERENCE DATE:** \_\_\_\_\_  
Observer's Initials: \_\_\_\_\_ Teacher's Initials: \_\_\_\_\_

**II. PLANNING:**

**III. MANAGEMENT:**

**IV. INSTRUCTION:**

**V. POST OBSERVATION CONFERENCE**

**A. COMMENDATIONS:**

**B. RECOMMENDATIONS:**

My signature does not reflect any agreement or disagreement with the results of this observation. Rather, it is an assurance that I have had the opportunity to read and discuss the observation.

My observer has given me a copy of this Observation Summary report and has completed the Summative Conference within fifteen (15) school days since the observation. **This date must match the Summative Conference Date.**

Signature of Observer \_\_\_\_\_ Date \_\_\_\_\_

Signature of Teacher \_\_\_\_\_ Date \_\_\_\_\_