

**BOGALUSA CITY SCHOOL SYSTEM
FORMAL NON- INSTRUCTIONAL EMPLOYEE OBSERVATION FORM**

Employee's Name: _____ Title/Position: _____ Date: _____
Years in position: ____4+ ____0-3 Observer's Name/Title/Position: _____

PURPOSE OF OBSERVATION: PROGRESS TOWARD IMPLEMENTATION OF PROFESSIONAL GROWTH PLAN

I. PRE-OBSERVATION CONFERENCE DATE: _____
Observer's Initials: _____ Employee's Initials: _____

II. NARRATIVE:

III. 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 Employee _____ Date _____