

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

This form is to be used to formally observe the following positions: Superintendent, Supervisors, Directors, Coordinators, Principals, Assistant Principals, Administrative Staff, Assessment Staff, and/or Support Staff.

Employees' Name/Title/Position/Department \_\_\_\_\_ Observer's Name/Title/Position \_\_\_\_\_  
 Date of Observation \_\_\_\_\_ Year's of Experience in Position \_\_\_\_ 0-3 \_\_\_\_ 4+ Summative Conference Date \_\_\_\_\_

I. General Overview of the Observation Period:

<b>II. Specific Comments and Ratings</b>	Exceeds	Proficient	Satisfactory	Needs Improvement	Unsatisfactory	Not Applicable
1. Discharges assigned duties effectively						
2. Accepts responsibility						
3. Carries out School Board policy						
4. Works effectively with colleagues and/or parents						
5. Observes professional ethics						
6. Demonstrates leadership qualities						
7. Implements curricula and programs						
8. Demonstrates regularity and punctuality						
9. Demonstrates progress on Professional Growth Plan						
10. Displays promptness and accuracy in assigned reports						
11. Acceptably contributes to improvement of the quality of educational services						
<b>TOTALS</b>						

III. Narrative Description and Comments:

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 evaluator 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 Employee \_\_\_\_\_

Date \_\_\_\_\_

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

Date \_\_\_\_\_