Monroe County School District 7

Department of Human Resources

**New Teacher Observation/Evaluation Documentation Form**

**School: Principal:**

**Teacher:**

Semester 1:

Observation: Evaluation:

Date: Date:

*The signatures below are acknowledgement of the observation/evaluation document only. Signatures indicate neither agreement nor disagreement with document contents.*

 Date: Employee Signature

 Date: Site Administrator

Semester 2:

Observation: Evaluation:

Date: Date:

*The signatures below are acknowledgement of the observation/evaluation document only. Signatures indicate neither agreement nor disagreement with document contents.*

 Date: Employee Signature

 Date: Site Administrator

Dr. Ramon M. Dawkins Executive Director, Human Resources