

Record of Teacher Evaluation Activities (Required)

Teacher Name: _____ ID#: _____

School: _____ School Year: _____

Position/Assignment: _____

Evaluator: _____ Title: _____

Teacher Background (Briefly describe the teacher’s educational background, years of experience, teaching assignment, and any other factors that may impact the evaluation):

The North Carolina Teacher Evaluation is based, in part, on informal and formal observations and conferences conducted on the following dates:

Activity	Date	Teacher Signature	Evaluator Signature
Orientation			
Pre-Observation Conference			
Observation #1			
Post-Observation Conference #1			
Pre-Observation Conference (optional)			
Observation #2			
Post-Observation Conference #2			
Pre-Observation Conference (optional)			
Observation #3			
Post-Observation Conference #3			
Pre-Observation Conference (optional)			
Observation #4 (if required)			
Post-Observation Conference #4 (if required)			
Summary Evaluation Conference			
Professional Development Plan Completed			