

TRUMBULL PUBLIC SCHOOLS
Teacher Supervision, Evaluation, Professional Learning Plan 2020-21

OBSERVATION SUMMARY

Teacher: _____ **School/Grade:** _____

Date: _____ **Period/Subject:** _____

Time In: _____ **Time Out:** _____

I. MANAGEMENT:

II. INSTRUCTION (Plan/Teach):

III. ASSESSMENT:

Signature of Evaluator/Supervisor: _____ **Date** _____

Signature of Teacher: _____ **Date** _____