Culver City Unified School District
Certificated Teacher Observation
Acknowledgement Form

Teacher: _____ Assignment: _____

School: _____ School Year: _____

Evaluator: _____ Title: _____

Personal Status: ☐ Temporary ☐ Probationary Intern ☐ Probationary 1 ☐ Probationary 2 ☐ Permanente

☐ Formal Observation 1 ☐ Formal Observation 2 Date/Time of Observation: _____/_____

☐ Informal Observation 1 ☐ Informal Observation 2 Date/Time of Observation: _____/_____

California Standards for the Teaching Professions:

☐ Standard 1: Engaging and supporting all students in learning

☐ Standard 2: Creating and maintaining effective environments for student learning

☐ Standard 3: Understanding and organizing subject matter for student learning

☐ Standard 4: Planning instruction and designing learning experiences for all students

☐ Standard 5/6: Assessing student learning

☐ Standard 7: Developing as a professional educator

☐ See evaluator's comments (attached)

I have received a copy of the observation report and discussed the contents with my administrative supervisor.

_____ _____
Teacher's Signature Date

I have received a copy of the observation report and discussed the contents with my administrative supervisor. I DISAGREE WITH THE OBSERVATION REPORT. I understand that I have a right to submit a rebuttal which will be attached to this document.

_____ _____
Teacher's Signature Date

☐ Teacher comments attached ☐ No teacher comments attached

_____ _____
Administrator's Signature Title Date

Distribution: Office of Human Resources
Evaluatee
Evaluator