

UINTA COUNTY SCHOOL DISTRICT #4
SUPERVISION REPORT FORM

Teacher: _____ Date: _____

Class: _____ Time In: _____

Content (or Topic): _____ Time Out: _____

Supervisor Observations: (Report observations, not judgements)

Please check the appropriate line:

_____ I have no major questions about this supervision, see me at your earliest convenience.

_____ I have some questions about this supervision, make an appointment to see me as soon as possible.

Supervisor Conclusions: (To be filled out after meeting with teacher, should include both good points as well as suggestions)

Teacher Comments (Optional)

Teacher Signature

Supervisor Signature

Date
(87-4)

Date