

**CALIFORNIA MILITARY INSTITUTE
CERTIFICATED OBSERVATION FORM**

Employee Name:

School Year:

Class:

Date and Period:

Length of Observation:

Date of Conference:

Observation Notes:

Commendations/Recommendations:

Summary:

This report is a summary of my formal observation and has been discussed with me in conference with my Evaluator. The Evaluatee may, within 10 working days, make a written response to the observation. A signature on this document does not necessarily signify agreement.

Evaluatee's Signature

Date

Evaluator's Signature

Date