SCHENECTADY CITY SCHOOL DISTRICT Office of Student Support

Pre-Observation Report

Staff Member	School	
Position	Observation Date	
1. Purpose: What is your stated goal for this observation? (What d	o you want to accomplish?)	
2. Planned Activities: Please describe: Components to be observed:		
Activities to support your goal:		
		_
		_
		- -
		_

SCHENECTADY CITY SCHOOL DISTRICT Office of Student Support

w will you evaluate you/your students to the desired objective/goal?	
w will you evaluate you/your students to the desired objective/goal?	
w will you evaluate you/your students to the desired objective/goal?	
w will you evaluate you/your students to the desired objective/goal?	
w will you evaluate you/your students to the desired objective/goal?	
w will you evaluate you/your students to the desired objective/goal?	
w will you evaluate you/your students to the desired objective/goal?	
w will you evaluate you/your students to the desired objective/goal?	
w will you evaluate you/your students to the desired objective/goal?	
w will you evaluate you/your students to the desired objective/goal?	
w will you evaluate you/your students to the desired objective/goal?	
w will you evaluate you, your students to the desired objective, godi:	
Information relevant regarding student or families you will be working with for this ol	bservation.

SCHENECTADY CITY SCHOOL DISTRICT Office of Student Support

4. List your cu	rrent professional development activities.
	(If you require more space for your responses please just attached at the end)
Prepare to show pla activities for the ob	an for being observed, all data, communications with families, and participation in school district servation