NARRATIVE OBSERVATION FORM FOR SUPPORT PERSONNEL

Evaluatee: _____ Position: _____

Evaluator: _____ Position: _____

Site: _____ Date: _____

Rating of this observation (circle one):

Satisfactory Needs Improvement Unsatisfactory*

*All "Unsatisfactory" ratings require a plan of assistance to be developed.

Evaluatee signature on this form does not indicate agreement or disagreement, merely that the form has been reviewed and a copy received. Refusal to sign will be considered insubordination.

_____ _____

Evaluatee Signature Date

_____ _____

Evaluator Signature Date

Copies: Central Office Evaluator Evaluatee