

DIN: 3050-4-04
Title: Informal Observation Form

Faculty Member: _____ Supervisor: _____

Current Status: UFT _____ Probationary: Year 1 _____ Year 2 _____ Year 3 _____

TFT _____ TPT _____ Adjunct _____

Date Observed: _____

Course Observed: _____

Area of Focus: _____

Supervisor's Summary Comments:

Faculty Member's Comments:

Date: _____ Signature of Supervisor: _____

Signature of Faculty Member: _____

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