

## Principal Observation Teacher Consent Form SY15-16

You are receiving this request because the superintendent or other observer would like to observe your principal's instructional feedback during your post-observation conference. We are requesting that you review the material, ask clarifying questions, and provide your signed, voluntary consent to allow the superintendent to observe your post-observation conference with the principal. The following information will help you to make an informed decision:

1. The purpose of the observation is to assess principals' practices as instructional feedback providers only. Your actions are not being evaluated in any way.
2. The observation will occur during the entire post-observation conference.
3. We ask that you act normally during the principal's observation.
4. All observation notes will be kept confidential, and are intended to support principal growth only.
5. Your participation in the observation is your voluntary choice. We do not want you to feel uncomfortable with this request. If you choose not to participate, you will not be penalized in any way.

If you have additional questions about this request, please contact your principal, union representative, or superintendent office.

Please select one of the following choices and return the signed form to your principal.

☐ **Yes!** I am willing to participate in the principal observation, which occurs during my post-observation conference.

Date and time of my post-observation conference \_\_\_\_\_

Preferred *alternative* date and time of my post-observation conference \_\_\_\_\_

☐ **No.** I am not willing to participate in the principal observation.

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Signature

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Date

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Print Name