

**NORTH KITSAP SCHOOL DISTRICT #400**

**EMPLOYEE OBSERVATION FORM**

Required \_\_\_\_\_

Additional \_\_\_\_\_

NAME \_\_\_\_\_

SCHOOL \_\_\_\_\_

DATE \_\_\_\_\_

NUMBER OF MINUTES \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

My signature below indicates that I have seen and received a copy of this report. It does not necessarily indicate agreement with the findings.

Comments:

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date