AACS Supervised Teacher Verification Form

Teacher Name _____

Email _____ Phone _____

Grade(s) teaching (elementary) _____

Grade(s) and/or subject(s) teaching (secondary) _____

Supervised Teaching

Time frame of supervised teaching:

    Beginning Date _____

    Ending Date _____

Teacher was supervised by _____ Position _____

Formal Observation (three required—blank copy of observation form should be enclosed)

Dates:

    1. _____ Observed by _____

    2. _____ Observed by _____

    3. _____ Observed by _____

    4. _____ Observed by _____

Follow-up Conferences (three required—blank copy of conference form should be enclosed)

Dates:

    1. _____ Conference with _____

    2. _____ Conference with _____

    3. _____ Conference with _____

    4. _____ Conference with _____

Copies of the above observations and follow-up conferences are on file in this teacher's personnel file in the school office.

_____ _____

                Administrator's Signature   Date

School _____

Address _____ Email _____

City _____ State _____ Zip _____ Phone _____