

Other Professional's Pre-Observation Document

ELIZABETHTOWN INDEPENDENT SCHOOLS

Other Professional	
School	
Position	
Observer	
Date of Observation	

Questions for Discussion:	Notes:
Describe the types of activities and work that will be observed during the time scheduled for the observation.	
Describe how the activities or work performed tie to the Specialist Framework for this position. (Identify the specific domain and components of the Specialist Frameworks for Other Professionals.)	
How and when will you know whether the objectives or targets for the work conducted have been successfully achieved?	
Is there anything specific that you would like me to observe during the workplace visit?	

(Other Professional's Signature)

(Evaluator's Signature)

(Date)

(Date)