

**LAFAYETTE PARISH SCHOOL BOARD
LIBRARIAN OBSERVATION FORM
K - 12**

LPSB - 5

YEAR : 0-3 _____ 4+ _____

Evaluatee's Name _____ School _____
 Date(s) of Observation _____ Length of Observation _____
 Evaluator's Name _____
 Self-evaluation to be placed in official file: Yes No Self-evaluation to be placed in un-official file: Yes No
 Librarian's Initials _____

Use one of the following codes in each blank below:

[SP (Successful Performance), NI (Needs Improvement), UP (Unsatisfactory Performance), NR (Not Rated)]

Note: A narrative explanation of each NI or UP rating must be written on this form. This explanation will point out the area of weakness(es) and make suggestions for improvement.

	Comments
<p>I. Planning (Rate only for announced observation)</p> <p>_____ A. Prepares for classes</p> <p>_____ B. Organizes materials</p> <p>_____ C. Schedules classes as required</p> <p>_____ Overall rating for planning</p>	
<p>II. Management</p> <p>_____ A. Maintains an inviting atmosphere</p> <p>_____ B. Exhibits poise and self-control</p> <p>_____ C. Manages time wisely</p> <p>_____ D. Sets standards for acceptable behavior</p> <p>_____ E. Makes wise use of administrative time</p> <p>_____ F. Maintains a professional attitude</p> <p>_____ G. Establishes rapport with students and co-workers</p> <p>_____ Overall rating for management</p>	
<p>III. Instruction</p> <p>_____ A. Provides instruction in research skills to groups and individuals</p> <p>_____ B. Provides for individual and group needs</p> <p>_____ C. Provides instruction in the use of media</p> <p>_____ D. Uses media effectively</p> <p>_____ Overall rating for instruction</p>	

Commendations/Recommendations: _____

An analysis of this observation indicates an intensive assistance program is needed. Yes No

Signature of Evaluator _____ Title _____ Date _____

Comments by Evaluatee _____

I have read and discussed the content of this observation form. My signature denotes neither agreement nor disagreement. It does indicate that I have received a copy of this form.

Signature of Evaluatee _____ Date _____

Copy distribution: White - Human Resources Office Pink - Evaluatee Yellow - Evaluator
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