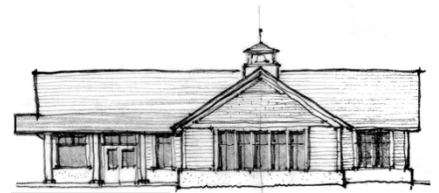


**Woodside Elementary School District
Certificated Evaluation
Pre-Observation Conference Form**



3195 Woodside Road
Woodside, CA 94062
Phone: 650.851.1571
Fax: 650.851.5577

Website: <http://www.woodsideschool.us>

Teacher's Name:

Date:

Time:

Evaluator:

Status of Teacher: (*Circle One*) **Temporary** **Probationary** **Permanent** **Other:** _____

Lesson/Focus/Activity:

Grade/Subject:

Content Standard Addressed:

Date/Time of Lesson:

Date/Time of Post-Observation Conference:

Part I: Review of Lesson Plan

Part II:

1. What is your goal for this lesson?

2. Which standards for the teaching profession do you hope to illustrate mastery of in this lesson?|

3. Additional comments/notes: