

# Mentor Observation Form

## First Year Teacher

### 2020-2021 School Year

Teacher's Name \_\_\_\_\_ CPS ID # \_\_\_\_\_

Home Building: \_\_\_\_\_

Mentor's Name \_\_\_\_\_ CPS ID # \_\_\_\_\_

Home Building: \_\_\_\_\_

Four observations should be completed throughout the school year, two first semester and two second semester. Please complete the appropriate information below.

**First Semester Observations:**

Observation ONE	Observation TWO
Date:	Date:
Time:	Time:
Subject:	Subject:

**Second Semester Observations:**

Observation THREE	Observation FOUR
Date:	Date:
Time:	Time:
Subject:	Subject:

Teacher's Signature \_\_\_\_\_

Mentor's Signature: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_

After all of the above responsibilities have been completed and verified by the principal, please get the appropriate signatures, scan, and electronically submit the completed form by May 1 to Tonya Scofield in the Office of School Improvement ([TScofield@cpsk12.org](mailto:TScofield@cpsk12.org)). When the completed form is received, information will be sent to the Business Office to process payment for the mentor.