

Mentor Observation Form

Second Year Teacher

2020-2021 School Year

Teacher's Name _____ CPS ID # _____

Home Building: _____

Mentor's Name _____ CPS ID # _____

Home Building: _____

Two observations should be completed during the school year, one first semester and one second semester. Please complete the appropriate information below.

First Semester Observations:

Observation ONE
Date:
Time:
Subject:

Second Semester Observations:

Observation TWO
Date:
Time:
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). When the completed form is received, information will be sent to the Business Office to process payment for the mentor.