

# Observation Outcome from Training

Principal \_\_\_\_\_ School \_\_\_\_\_

I was the consultant for the following training:

Name of Training: \_\_\_\_\_

Date/s of Training: \_\_\_\_\_

**When observing teachers who have participated in this training you should see:**  
(Please list observable techniques that would be evidence of utilizing this training to improve student performance)

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Instructor

\_\_\_\_\_  
Date

**Please complete and submit this form to the Curriculum & Instruction Department prior to completing the training.**

***For Curriculum & Instruction Office Use Only***

The teachers listed below have completed this training:

1. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 6. \_\_\_\_\_

3. \_\_\_\_\_ 7. \_\_\_\_\_

4. \_\_\_\_\_ 8. \_\_\_\_\_