

INSERVICE TEACHER PROFESSIONAL DAY APPLICATION

I. Planning

Staff Member Planning Visit

\_\_\_\_\_

(Name)

Date of Planned Visit

\_\_\_\_\_, 20\_\_\_\_

(Month)

(Day)

Approval of SDA School Administrator

\_\_\_\_\_

(Principal's signature)

Arrangements Made With Host School to Be Visited:

( ) Yes

( ) No

Name of Host School to Be Visited

\_\_\_\_\_

Classes or Grade Level to be observed

\_\_\_\_\_

II. Objectives

State your objectives for your observation and visit:

(These objectives should be formulated prior to visit)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. Evaluation

Evaluated your visit:

(Please evaluate your visit within a short time following the visit)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_