

Teacher Visitation Day Report

This report is to be printed, filled out completely and sent to the Education Superintendent of your Conference no later than 10 days after visiting.

School Visited: _____

Date of Visit: _____

Teacher Visited: _____

Grade/s Visited: _____

Did you arrange with the school in advance of your visit? Yes No

Did you arrange with your Education Superintendent? Yes No

Did you arrange with your local school board chair? Yes No

Hours spent at the school: _____

What was the main purpose for visiting this school and teacher?

Which things did you feel were gained from this visits? (Answer fully)

1. _____

2. _____

3. _____

4. _____

5. _____

Signature of Teacher: _____

School: _____

School Board Chair: _____

Superintendent: _____