

LAGUARDIA COMMUNITY COLLEGE

POST OBSERVATION CONFERENCE

NAME _____

DIVISION _____

TITLE _____

OBSERVER _____

Full-Time

Date of Observation _____

Part-Time

Session _____

Course & Section _____

SUMMARY OF OBSERVATION MEETING:

This is a "satisfactory" observation

This is an "unsatisfactory" observation

Signature of Observer

Date

Signature and Title of additional Faculty Member at Conference

Date

I have seen this memorandum

I have no statement to make

I have attached a statement

Signature of Employee

Date

Signature of Chairperson

Date

Employee declines to sign

_____ Witness