

31-10 Thomson Avenue - Long Island City, NY 11101- Telephone (718) 482-7200

POST OBSERVATION FORM

Employee Name			
Title		Full-Time	Part-Time
Department	Division		
Course		Section	
Session			
Observer			
Date of observation			
SUMMARY OF OB		EETING	
It is my intention that this observation be co	onsidered	Satisfactory	
	onordered.	Non-satisfactor	У
Signature of Observer		Date	
Signature of Observer Print Name		Date	
Signature of Observer Print Name Signature of additional Faculty Member at Conf	erence	Date	
Signature of Observer Print Name Signature of additional Faculty Member at Conf Print Name Title	erence	Date Date	
Signature of Observer Print Name Signature of additional Faculty Member at Conf Print Name	erence	Date Date	<i>.</i>
Signature of Observer Print Name Signature of additional Faculty Member at Conf Print Name Title	erence	Date Date	
Signature of Observer Print Name Signature of additional Faculty Member at Conf Print Name Title I have seen this memorandum	erence I have no staten	Date Date ment to make	·