

SOUTHERN REGIONAL HIGH SCHOOL DISTRICT
GENERAL EVALUATION REPORT

Staff Member:		Date:	
Assignment:		Evaluator:	
<input type="checkbox"/> General Observation			
<input type="checkbox"/> Summary Observation			

Evaluator's Signature:		Staff Member's Signature:	
Date:		Date:	
Conference date:		Time:	
<i>08-31-04</i>	<i>Principal</i>	<i>Assistant Superintendent</i>	<i>Superintendent</i>