

Visit #	Tentative Dates	Peer-Observation School	Grade Levels
1	11/3/2014	Model Classroom Teacher Team Meeting	
2	11/13/2014	Model Teacher Cohort Observations- Cedarbrook	
3	11/19/2014	Model Teacher Cohort Observations- Emerson	
4	12/5/2014	Washington	1- Bilingual/General
5	1/13/2015	Cedarbrook	1,4
6	1/14/2015	Clinton	4
7	1/22/2015	Washington	1- Bilingual/General
8	1/23/2015	Clinton	
9	1/29/2015	Emerson	3,4,5 SPED/General
10	1/30/2015	Clinton	4
11	2/5/2015	Jefferson	3, 4
12	2/6/2015	Cedarbrook	1, 4
13	2/19/2015	Clinton	4
14	2/20/2015	Barlow	K
15	3/12/2015	Cedarbrook	1,2, 4
16	3/13/2015	Barlow	K
17	5/7/2015	Cedarbrook	1,2,4
18	5/21/2015	Open	
19	5/22/2015	Model Classroom Team Teacher Meeting-Program Evaluation	



Elementary Math Office In-District Coaching Registration Form

Complete all sections below and have the building administrator to sign before emailing to the addresses below.

Email to: stidwell@plainfield.k12.nj.us

Send a copy of the registration form to: woodard@plainfield.k12.nj.us

Model School (Check One):

BARLOW CEDARBROOK CLINTON EMERSON

Coaching Date: _____

Teacher Name: _____ Grade: _____

School: _____ Email Address _____

Telephone # (in case of emergency): _____

What do you hope to gain from participating in this session:

How often do you use weekly:

Centers: I have not attempted centers 1-2 times 3-5 times

Student use of Technology: I have not implemented student use of technology 1-2 times 3-5 times

Formative Assessments: I have not implemented the use of formative assessments 1-2 times 3-5 times
(ex. Exit slips, etc.):

Principal/Vice Principal Use Only

Approved Declined

Signature _____ Date: _____



Elementary Math Office In-District Peer-Observation Registration Form

Complete all sections below and have the building administrator to sign before emailing to the addresses below.

Email to: stidwell@plainfield.k12.nj.us

Send a copy of the registration form to: lwoodard@plainfield.k12.nj.us

Peer- Observation School and Date (see dates on the back of form): Check One

Cedarbrook Clinton Emerson Jefferson Washington

Peer-Observation Date: _____ (select from schedule on back)

Your Name: _____ Grade: _____

School: _____ Email Address _____

Telephone # (in case of emergency): _____

What do you hope to gain from participating in this session:

How often do you use weekly:

Centers: I have not attempted centers 1-2 times 3-5 times

Student use of Technology: I have not implemented student use of technology 1-2 times 3-5 times

Formative Assessments: I have not implemented the use of formative assessments 1-2 times 3-5 times
(ex. Exit slips, etc.):

Teachers attending peer-observations will be expected to implement the practice of centers in their classroom. Please list a future date you would like the Math Supervisor to visit your classroom to provide feedback on your practice (Must be within 30 days of you attending the PD session):

Date _____

Principal/Vice Principal Use Only: Approved Declined

Signature _____ Date: _____