

KISD PDAS Observation Waiver Form

I agree to waive my formal 45-minute PDAS observation for the _____ school year.

I understand that the observer(s) may conduct walk-through PDAS observations* not to exceed four (4) throughout the school year. I understand I am required to complete and turn in my Teacher Self Report, Parts I, II, and III and will attend a summative conference.

Teacher Signature Date

Teacher Printed Name

Administrator Signature Date

Administrator Printed Name

***A PDAS observation is a minimum of a 15 minute walk-through for evaluative purposes with written feedback.**