

EXHIBIT A
HOLY CROSS HIGH SCHOOL
TEACHER VISITATION FORM

Name of Teacher _____

Date of Observation _____

Period Observed _____

Time Observation Began _____ Time Observation Ended _____

Commendations: _____

Suggestions: _____

Signature of the Teacher

Signature of the Principal/Vice Principal

Date

The teacher's signature does not indicate approval of the material in the Report; it is merely proof that it has been submitted.