Observation Checklist

Date______________  Circle Obs. #:  1  2  3  4  Optional:  5  6

For all observations completed by University Supervisor, please have a designated place for the supervisor with the following **artifacts** (including this checklist) readily available for review and discussion:

_____ 1. Formal S&T lesson plan for current observation and lesson plans from all previous observations (CT and US)
_____ 2. Weekly Feedback Forms
_____ 3. Reflection Journal (at least two entries per week)
_____ 4. Log of Professional Participation
_____ 5. Cumulative log of hours
_____ 6. Foliotek reflections (completed within a week of CT observations)
_____ 7. Any questions, concerns, or topics for discussion__________________________

The supervisor needs to conference with you after the observation, and also with the Cooperating Teacher, either before the lesson or after your conference. Please remember to identify a schedule and location for these conferences.

_____ All requirements complete.

_____ Requirements incomplete:____________________________________________________

____________________________________

University Supervisor