

Time/Date next appointment _____

OBSERVATION AND CONFERENCE

Name of Student Teacher _____ Date _____

School _____ Time _____

Subject/Grade Level _____

Quality of Lesson Plan/Reflection Log:

Time Card Accuracy: _____

Observations:

Reinforcement/Strengths:

Refinement/Improvement:

Focus for next observation:

Thought-provoking questions for student teachers to reflect upon:

Signature of Student Teacher

Signature of University Supervisor