

**Mentor and Supervisor Field Experience Observation Form**

Intern: Mentor Teacher:

Supervisor: Date: Visit Number:

Did you provide lesson plan feedback in TaskStream to the Intern Teacher prior to observation? Yes No

Did you complete a post-lesson conference with the Intern Teacher? Yes No

During the observation, please indicate positive aspects and growth areas for the candidate. Aligns with CPAST form.

1. **Planning for Instruction and Assessment (Objectives; Resources; Assessment; Differentiated Methods; Connections to Research)**

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| **Positives** | **Growth Areas** |
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1. **Instructional Delivery (Learning Target; Critical thinking; Formative Assessments; Digital Tools; Safe Learning Environment)**

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| **Positives** | **Growth Areas** |
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1. **Assessment (Data-Guided Instruction; Feedback to Learners; Assessment Techniques)**

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| **Positives** | **Growth Areas** |
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1. **Dispositions (PD; Collaboration; Parental Communication; Punctuality; Meets Deadlines; Preparation; Advocacy)**

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| **Positives** | **Growth Areas** |
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1. **Suggestions**

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Supervisor Signature Student Teacher Signature