Record of an Observation Cycle

Teacher Candidate: ___________________________ Date: _______________________

Supervisor: ________________________________ Observation #_____ of 9 Video □

Planning Conference
Participants: ________________________________ Date held: ________________

Debrief Conference
Participants: ________________________________ Date held: ________________

Written Reflection
Date submitted: ________________
A revision IS / IS NOT required. Date returned: ________________

Candidate’s Response
I have read your comments and have attached the revision (if requested).
Candidate’s signature: ___________________________ Date: ________________

Supervisor’s Final Response to STEP Office
The document record is complete and approved.
Supervisor’s signature: ___________________________ Date: ________________

Return completed packet to Clinical Work mailbox