**Added Authorization** **Support Supervision Grade Report**

Teacher Candidate Name:      Cohort:      Date:

**Pass**  **Not Passing *(Corrective Action on file)***  **Incomplete *(requires pre-approval)***  **Withdrawal *(requires pre-approval)***

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| --- | --- | --- |
| **Course Codes** | **Support Supervisor’s Comments**  Please comment legibly on your candidate’s professional growth as tied to the Added Authorization Competencies. In case of a grade of **Not Passing**, describe the specific reasons for the grade and briefly outline the expectation for improvement. | |
| **Autism Added Authorization**  **EDSP 287**  **ESCE Added Authorization**  **EDSP 289** |
| **Areas of Strength:** | |
| **Added Authorization Competency** | **Description of Strength related to Candidate Performance** |
|  |  |
|  |  |
| **Areas for Growth:** | |
| **Added Authorization Competency** | **Description of Area(s) of Growth related to Candidate Performance** |
|  |  |
|  |  |

Support Supervisor Signature: Date:

Support Supervisor First/Last Name (please print): Phone:

Lead Support Supervisor Signature: Date: