**Career Technical Education**

**Support Supervision Notes**

**CURR 283**

(Observation/Feedback)

Teacher Candidate:       School:

Support Supervisor:       Grade/Subject:

Date/Time:       Type of Visit:  Scheduled *(Lesson Plan Required)*  Drop-in *(Drop-In Reflection Required)*

Lesson Plan:  Yes  No Unit Plan:  Yes  No Contact With Administrator:  Yes  No

|  |  |  |  |
| --- | --- | --- | --- |
| **Scripted Observation Notes and Feedback:** | | | |
| **TPE:** | **Commendation(s) tied to CSTP** | **TPE:** | **Recommendation(s) tied to CSTP** |
|  |  |  |  |
|  |  |  |  |

Visit Number:       Date of the next visit:

Teacher Candidate’s Signature

Support Supervisor’s Signature