**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

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| --- |
| **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