**YEAR 1**

**Education Specialist: Mild to Moderate Support Needs**

**Support Supervision Notes**

(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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| **Year 1 Focused CA Universal AND Mild to Moderate Support Needs Teaching Performance Expectations**  |
| **Directions:** Check the TPEs that were evidenced by your observation. |
| ***TPE 1*** ***Engaging and Supporting All Students in Learning*** | ***TPE 2*** ***Creating and Maintaining Effective Environments for Student Learning*** | ***TPE 3*** ***Understanding and Organizing Subject Matter for Student Learning*** | ***TPE 4*** ***Planning Instruction and Designing Learning Experiences for All Students*** | ***TPE 5*** ***Assessing Student Learning*** | ***TPE 6*** ***Developing as a Professional Educator*** |
|  Universal MMSN[ ]  1.1 [ ]  MM1.1[ ]  1.4 [ ]  MM1.2[ ]  1.5 [ ]  MM1.3[ ]  1.6 [ ]  MM1.4[ ]  1.8 [ ]  MM1.5 [ ]  MM1.6 [ ]  MM1.7  | Universal MMSN[ ]  ***2.1***\* [ ]  MM2.1[ ]  2.2 [ ]  MM2.4[ ]  ***2.3\**** [ ]  MM2.5[ ]  2.4 [ ]  MM2.6[ ]  2.5 [ ]  MM2.7[ ]  2.6 [ ]  MM2.9   | Universal MMSN[ ]  3.1 [ ]  3.2 [ ]  3.3 [ ]  3.5[ ]  **3.7\*** | Universal MMSN[ ]  4.1 [ ]  MM4.1[ ]  4.2 [ ]  MM4.2[ ]  4.4 [ ]  MM4.3[ ]  4.5 [ ]  MM4.4[ ]  4.7 [ ]  MM4.6 [ ]  MM4.7 | Universal MMSN[ ]  5.3 [ ]  MM5.1[ ]  **5.4** [ ]  MM5.2[ ]  5.8 [ ]  MM5.3 [ ]  MM5.5 [ ]  MM5.6 | Universal MMSN[ ]  6.1 [ ]  MM6.1[ ]  **6.4\*** [ ]  MM6.2[ ]  6.5 [ ]  MM6.3[ ]  **6.6\*** |
| ***\* Denotes TPEs that are only observed in clinical fieldwork.*** |

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| **Scripted Observation Notes and Feedback:**  |
| **TPE:** | **Commendation(s) tied to Universal or Mild to Moderate Support Needs TPE** | **TPE:** | **Recommendation(s) tied to Universal or Mild to Moderate Support Needs TPE** |
|       |       |       |       |
|       |       |       |       |

Visit Number:       Date of the next visit:

Teacher Candidate’s Signature

Support Supervisor’s Signature