**YEAR 1**

**General Education**

**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

|  |
| --- |
| **Year 1 Focused CA Universal 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*** |
| [ ]  1.1 [ ]  1.4[ ]  1.5[ ]  1.6[ ]  1.8 | [ ]  ***2.1***\* [ ]  2.2[ ]  ***2.3\****[ ]  2.4[ ]  2.5[ ]  2.6 | [ ]  3.1 [ ]  3.2[ ]  3.3[ ]  3.5[ ]  **3.7\*** | [ ]  4.1 [ ]  4.2[ ]  4.4[ ]  4.5[ ]  4.7 | [ ]  5.3[ ]  **5.4\***[ ]  5.8 | [ ]  6.1 [ ]  **6.4\***[ ]  6.5[ ]  **6.6\*** |
| ***\* Denotes TPEs that are only observed in clinical fieldwork.*** |

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

Visit Number:       Date of the next visit:

Teacher Candidate’s Signature

Support Supervisor’s Signature