

Directions: To be completed *by the Cooperating Teacher* after each of the four required lessons (make copies of this form to have enough for all 4 lessons).

Semester _____

Candidate _____ Cooperating Teacher _____

District and School _____ Grade/Subject _____

Date and Time of Post-Observation Conference _____

Date and Time Lesson Was Taught _____

Here is a reconstruction of your lesson as I observed it:

Commendations:

Recommendations:

Cooperating Teacher Signature

Candidate Signature

Date

Date

Note: Signatures indicate the information was shared.