Walsh University
Division of Education
Pre-Clinical Experience

Part II

Post-Teaching Conference # 4

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 Teache	er
District and School		Grade/Subject
Date and Time of Post-Observation Cor		
Date and Time Lesson Was Taught		
Here is a reconstruction of your lesson a	as I observed it:	
Commendations:		
Recommendations:		
Recommendations.		
Cooperating Teacher Signature	Cand	idate Signature
D.4.		
Date	Date	

Note: Signatures indicate the information was shared.