

Candidate Self-Reflection Form

Directions: Following an announced or an unannounced observation, please use the form below to reflect on the lesson. Submit the form to your Supervising Practitioner/Program Supervisor within 24 hours of the observation.

Teacher Candidate Name:					
Date:			Time (start/end):		
Content Topic/ Lesson Objective:					
Type of Observation:			Observed by:		
<input type="checkbox"/>	Announced	<input type="checkbox"/>	Unannounced	<input type="checkbox"/>	Supervising Practitioner
<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	Program Supervisor

Reflection Prompt: *What do you think went particularly well? How did this strength impact your students' learning?*

Reflection Prompt: *If you could teach this lesson again, is there anything you would do differently? How would this have impacted your students' learning?*

Essential Element	Evidence: Where possible, provide one piece of evidence that you believe demonstrates your performance relative to the quality, consistency or scope of each element.
1.A.4: Well-Structured Lessons	
1.B.2: Adjustments to Practice	
2.A.3: Meeting Diverse Needs	
2.B.1: Safe Learning Environment	
2.D.2: High Expectations	