**Added Authorization** **Support Supervision Grade Report**

Teacher Candidate Name:      Cohort:      Date:

[ ]  **Pass** [ ]  **Not Passing *(Corrective Action on file)*** [ ]  **Incomplete *(requires pre-approval)*** [ ]  **Withdrawal *(requires pre-approval)***

|  |  |
| --- | --- |
| **Course Codes** | **Support Supervisor’s Comments**Please comment legibly on your candidate’s professional growth as tied to the Added Authorization Competencies. In case of a grade of **Not Passing**, describe the specific reasons for the grade and briefly outline the expectation for improvement. |
|  **Autism Added Authorization**[ ]  **EDSP 287****ESCE Added Authorization**[ ]  **EDSP 289** |
| **Areas of Strength:**  |
| **Added Authorization Competency** | **Description of Strength related to Candidate Performance** |
|  |  |
|  |  |
| **Areas for Growth:**  |
| **Added Authorization Competency** | **Description of Area(s) of Growth related to Candidate Performance** |
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|       |       |

Support Supervisor Signature: Date:

Support Supervisor First/Last Name (please print): Phone:

Lead Support Supervisor Signature: Date: