**YEAR 1**

**Education Specialist: Extensive Support Needs**

**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 AND Extensive Support Needs 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*** |
| Universal ESN[ ]  1.1 [ ]  EX1.1[ ]  1.4 [ ]  EX1.4[ ]  1.5 [ ]  EX1.5[ ]  1.6 [ ]  EX1.6 [ ]  1.8 [ ]  EX1.7 [ ]  EX1.8 [ ] EX1.10 [ ] EX1.11 | Universal ESN[ ]  ***2.1***\* [ ]  EX2.3[ ]  2.2 [ ]  EX2.7[ ]  ***2.3\**** [ ]  EX2.8[ ]  2.4 [ ]  EX2.9[ ]  2.5 [ ] EX2.10[ ]  2.6 [ ] EX2.11 [ ] EX2.12 [ ] EX2.13 | Universal ESN[ ]  3.1 [ ]  EX3.1[ ]  3.2 [ ]  EX3.2[ ]  3.3 [ ]  EX3.3[ ]  3.5[ ]  **3.7\*** | Universal ESN[ ]  4.1 [ ]  EX4.1[ ]  4.2 [ ]  EX4.3[ ]  4.4 [ ]  EX4.5[ ]  4.5 [ ]  EX4.7[ ]  4.7 [ ]  EX4.8 | Universal ESN[ ]  5.3 [ ]  EX5.3[ ]  **5.4\*** [ ] EX5.4[ ]  5.8 [ ]  EX5.6 [ ]  EX5.7 | Universal ESN[ ]  6.1 [ ]  EX6.1[ ]  **6.4\*** [ ]  EX6.2[ ]  6.5 [ ]  EX6.3[ ]  **6.6\*** |
| ***\* Denotes TPEs that are only observed in clinical fieldwork.*** |

|  |
| --- |
| **Scripted Observation Notes and Feedback:**  |
| **TPE:** | **Commendation(s) tied to Universal or Extensive Support Needs TPE** | **TPE:** | **Recommendation(s) tied to Universal or Extensive Support Needs TPE** |
|       |       |       |       |
|       |       |       |       |

Visit Number:       Date of the next visit:

Teacher Candidate’s Signature

Support Supervisor’s Signature