PERFORMANCE OBSERVATIONS BY COOPERATING TEACHERS AND UNIVERSITY SUPERVISORS
CLINICAL OBSERVATIONAL TOOL

Name of Student ______________________________________________________
Name of the Observer ________________________________________________

Date __________________ Time of Observation __________________
Cooperating Teacher ____________________________ School ____________
Age/Grade level of class ________________________________

Name of Lesson ____________________________________________________
Lesson Objective(s):

Areas of Strength

Suggestions for Future Growth

Evidence of Reflective Practice

Signature/ Date

Please use the back for additional comments.