

ECE Lesson Feedback Form

Completed during observations of lessons

Candidate: _____

Date: _____

School: _____

Grade: _____

Lesson Title: _____

Lesson Plan: Was submitted to the clinical educator in advance.

Included appropriate instructional objectives

Was aligned to content standard/s

Included assessment strategies that adequately assessed the instructional objectives

Accommodated students with special learning needs and English language learners

Evaluation of the lesson: (Describe the following- Preparedness, appropriateness, creativity, organization, clarity, accuracy, rapport and classroom management, and appropriateness for the age, individual students and culture. Continue on the reverse as needed)

_____ Candidate is progressing as expected

_____ Concerns about progress exist and are documented on a concerns form

Candidate: _____

Date: _____

Observer: _____

Date: _____