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: _________________