



**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.