**Candidate Self-Reflection**

**Directions**: Following an announced or an unannounced observation, please use the form below to reflect on the lesson. Submit the form to your Supervising Practitioner/Program Supervisor within 24 hours of the observation.

| **Candidate Name:**  |
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| **Observation Details** |
| Date: |  | Time (start/end):  |  |
| Content Topic / Lesson Objective: |
| Type of Observation: | Observed by: |
|

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| --- |

 | Announced |

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| --- |

 | Unannounced |

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 | Supervising Practitioner |

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 | Program Supervisor |

| **Reflection Prompt***: What do you think went particularly well? How did this strength impact your students’ learning?* |
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| **Reflection Prompt**: *If you could teach this lesson again, is there anything you would do differently? How would this have impacted your students’ learning?* |
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| **Essential Element** | **Evidence:** Where possible, provide one piece of evidence that you believe demonstrates your performance relative to the Quality, Consistency or Scope of each element.  |
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| 1.A.1: Subject Matter Knowledge |  |
| 1.A.3: Well- Structured Lessons |  |
| 1.B.2: Adjustments to Practice |  |
| 2.A.3: Meeting Diverse Needs |  |
| 2.B.1: Safe Learning Environment |  |
| 2.E.1: High Expectations |  |
| 4.A.1: Reflective Practice |  |