



Department of Educational Studies (Early Childhood)
Professional Experience Supervising Teacher Feedback

Fill Out This Document Electronically

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Teacher Education Student: _____

Experience Plan sighted: Yes No

Date and time of experience/session: _____

Focus of experience/session: _____

Experience/Session commentary: (this section is for you to make comments on the progress of the experience)

Areas of teaching or planning that were effective:

Focus points to address in next experience/session plan: