Bilingual MS/SS Supervisor Check Sheet

**Phase 2**

Date ______________________________

Supervisor Name ____________________________________________________________

Candidate Name _____________________________________________________________

Name of School _______________________________________________________________________

Name of Cooperating Teacher ______________________________________________________

**Observations**

_____ 4 Completed CORE Observation Forms (completed by Supervisor)

_____ 2 Completed CORE Observation Forms (completed by CT, excludes pg. 3)

**MIDTERM**

_____ Teaching Practicum 1 Evaluation Form (completed by Supervisor)

_____ Teaching Practicum 1 Evaluation Form (completed by CT)

_____ Teaching Practicum 1 Evaluation Form (completed by Candidate)

_____ CORE Competency/Disposition Evaluation Form (complete at Midterm mtg)

**CULMINATING CONFERENCE**

_____ Teaching Practicum 1 Evaluation Form (completed by Supervisor)

_____ Teaching Practicum 1 Evaluation Form (completed by CT)

_____ Teaching Practicum 1 Evaluation Form (completed by Candidate)

_____ CORE Competency/Disposition Evaluation Form (complete at Midterm mtg.)

_____ Phase 1 Candidate Responsibilities Checklist

_____ Letter of reference, if applicable (Supervisor, Cooperating Teacher)