School of Education: Education Specialist **ADD-ON Credential**

**FINAL THREE-WAY CONFERENCE**

**MEETING DATE:** _______________  **SCHOOL SITE:** __________________________

**COUNTY:** _______________  **GRADE(s):** _______________

**SETTING:** Mild/Moderate or Moderate to Severe (circle one)

Present at the Meeting: (signatures):

Candidate: ___________________________  University Supervisor: _______________

Other: ___________________________

☐ ☐ Review the:

☐ ☐ TPE/CANDIDATE DISPOSITION EVALUATION FORM

☐ ☐ Review and collect the completed:

☐ ☐ UNIVERSITY SUPERVISOR’S OBSERVATION FORMS

☐ ☐ Review and collect the following forms:

☐ ☐ ALL PRIOR LESSON PLAN FORMS FROM OBSERVED LESSONS

☐ ☐ Parts A, B & C.

☐ ☐ Confirmation of Completion of Candidate Exit Survey completed with SOE