	DATE:
UNIVERSITY SUPERVISOR	
DISTRICT-EMPLOYED SUPERVISOR	
CREDENTIAL CANDIDATE	
MULTIPLE SUBJECT SINGLE	SUBJECT BILINGUAL AUTHORIZATION
CONCURRENT ED	UCATION SPECIALIST CLASS
CLINICAL PRACTICE I (SEMES	STER ONE OR CONTINUING CANDIDATES)
CLINICAL PRACT	ICE II (OR FINAL SEMESTER)
are interning, extending their program plan, a your Program Coordinator for these adjustments	OR CONTINUING CANDIDATES)
□ MID-SEMESTER EVALUATION - CC	ORE COMPETENCY, TPE & SOE DISPOSITIONS
☐ FINAL EVALUATION - CORE COMP	ETENCY, TPE & SOE DISPOSITIONS
☐ 6 OBSERVATION CYCLES ☐ *EDUCATION SPECIALIST A CYCLES + 2 ADD-ON OBSE	ADD-ON CANDIDATES: 4 OBSERVATION RVATIONS
☐ CLINICAL PRACTICE TASK CHECK	LIST - EXCEPT ED SPECIALIST INTERNS
☐ TEACHING SELF-EVALUATION	
☐ CONFIRMATION OF CLINICAL PRA	ACTICE HOURS SUBMISSION - EXCEPT INTERNS
☐ INTERN REQUIREMENT CHECKLIS	ST & ACTIVITY LOG - <i>INTERNS ONLY</i>

□ PROOF OF COMPLETION OF MANDATED REPORTER TRAINING

CLINIC	CAL PRACTICE II (CANDIDATES IN THE FINAL SEMESTER OF THEIR PROGRAM)
	MID-SEMESTER EVALUATION - CORE COMPETENCY, TPE & SOE DISPOSITIONS
	FINAL EVALUATION - CORE COMPETENCY, TPE & SOE DISPOSITIONS
	6 OBSERVATION CYCLES
٥	CLINICAL PRACTICE TASK CHECKLIST - EXCEPT ED SPECIALIST INTERNS AND SINGLE SUBJECT CANDIDATES
	INDUCTION INDIVIDUAL DEVELOPMENT PLAN
	CONFIRMATION OF CLINICAL PRACTICE HOURS SUBMISSION - EXCEPT INTERNS
	INTERN REQUIREMENT CHECKLIST & ACTIVITY LOG - INTERNS ONLY
	PROOF OF COMPLETION OF EXIT SURVEY

SOE SUPERVISORS SUBMIT:

SUPERVISORY DOCUMENTS ELECTRONICALLY TO BOX AND FINAL EVALUATION SCORES TO CANVAS.

SIGNATURES REQUIRED.