The City College of New York School of Education Office of Clinical Practice – Fieldwork & Student Teaching

STUDENT TEACHING: POST-OBSERVATION SELF-REFLECTION FORM

Student Teacher's Name (Last, First): Date of Obs.: Class/Grade:			Program: School:	
			Form #	
lesson/a to your You wi	activity with you supervisor and	or college supervisor and/or cooperate Dr. Billig (bbillig@ccny.cuny.edu) were responses in the form that is below	lections after you have discussed this ting teacher. Email the completed form (in Word) within (approximately 48 hours) of the observation ow the Observation Report in your	
1.		unfold as you (and/or your supervis and why? If yes, what was the # 1 as	sor or cooperating teacher) had planned? If not, spect of the lesson that went well?	
2.	any data or stu		n to learn? How did (or will) you know? Refer to p) you to determine your students' progress. nit and/or any ongoing projects.	
3.	management)		ur students' engagement (and/or your classroom atisfied, what could you have done differently to room management)?	
4.	why? (Examp		oup of students, what changes would you make and dividual learning styles, special needs, ELL's	
5.	cooperating te	acher), what have you learned about steps that you could take before you	ation conference with your supervisor and/or t your teaching strengths and weaknesses? What r next observation that could strengthen any of	
[Pleas	e attach additio	nal pages for your responses, as need	led.]	