

ESN CLINICAL PRACTICE SCHEDULING AND PLANNING FORM

Teacher Candidate _____ **Date** _____
School Site _____ **Setting** _____
Supervisor _____

Teacher Candidate must prepare and attach a weekly schedule. Schedule must include:

- ***Education Specialist Teacher Schedule***
- ***Paraeducator Schedule***
- ***Student Schedule***
- ***Related Service Professionals Therapy/Support Time***

Evaluation:

___Posted/Available for all to access ___Clear and easy to understand ___Updated when necessary

Comments:

Other Supervisor Observations and Remarks:

Teacher Candidate Goal/Focus for next observation:

Teacher Candidate Signature: _____ **Date:** _____
University Supervisor Signature: _____ **Date:** _____
Date/Time Next Observation: _____