



**University of La Verne
Department of Education and Teacher Development**

Clinical Teaching Observation Verification Form

This form is to be kept electronically for each Candidate and submitted electronically to the Clinical Teaching Fieldwork Office or to the ROC campus of enrollment, at the conclusion of the Clinical Teaching program.

EDUC 478 grades cannot be posted until this form is received and verified.

Candidate:

Candidate ID Number:

Course	Semester	Year	Observation Dates	Overall Evaluation
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EDUC 470			1st _____ (1)	1 Not Present 2 Emerging 3 Competent 4 Exceptional
			2nd _____ (2)	
			3rd _____ (3)	

EDUC 472			1st _____ (4)	1 Not Present 2 Emerging 3 Competent 4 Exceptional
			2nd _____ (5)	

EDUC 468			Week 1	NO OBSERVATION	CRD	NO CRD	
			2 _____ (6)				
			3 _____ (7)				
			4				NO OBSERVATION (TPA 3)
			5 _____ (8)				

EDUC 478			Week 1	NO OBSERVATION	A	B	F	
			2 _____ (9)					
			3 _____ (10)					
			4					TPA 4:
			5 _____ (11)					
			6					NO OBSERVATION
			7 _____ (12)					
			8 _____ (13)					
			9 _____ (14)					
			10					NO OBSERVATION
10 _____ (15)								

Date of Course Evaluation

ED 470: ED 472: ED 468: ED 478:

University Supervisor: Date:

By typing my name above, I the University Supervisor, verify and acknowledge that all of the observations have been completed for the Student Teacher Candidate as listed above.