**Universal District Support Feedback Sheet**

**Candidate Name:** **District:** **School Site:** **Address:**

|  |
| --- |
| District Support Provider:  |
| Phone:  | Email:  |
| Date Met:  |
| Current Position:  |
| Signature:  | Date:  |

**Part I**: Have your district support provider complete the following feedback of your strengths and areas of need:

|  |  |  |
| --- | --- | --- |
|  | Candidate Strength | Area of Need |
| TPE 1: Engaging and Supporting All Students in Learning  |  |  |
| Evidence Observed:  |
|  | Candidate Strength | Area of Need |
| TPE 2: Creating and Maintaining Effective Environments for Student Learning  |  |  |
| Evidence Observed:  |
|  | Candidate Strength | Area of Need |
| TPE 3: Understanding and Organizing Subject Matter for Student Learning  |  |  |
| Evidence Observed:  |

**Part II**: To be completed by the Teacher Candidate. Respond to the following prompt:

Based on the feedback from your district support provider, what steps will you take to improve an area of need?