**Universal District Support Feedback Sheet**

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

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| --- | --- | --- |
| |  | | --- | | **District Support Provider or Master Teacher**: | | |
| 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?