



Government of the Republic of Trinidad and Tobago
Ministry of Education
Curriculum Planning and Development Division
Clinical Supervision Instrument – Closure

Name of Teacher _____ **Rank** _____

Department/Level _____ **Class** _____

Subject _____

Topic _____

Theme _____

Date _____

Descriptor	Comments
Reiterates main elements of lesson	
Summarizes key points	
Links key points to the lesson objectives	
Provides clear guidance for follow-up lesson	
Shows link with follow-up lesson	
Acknowledges students' participation	

