



**Government of the Republic of Trinidad and Tobago
Ministry of Education**

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

Name of Teacher _____ **Rank** _____

Department/Level _____ **Class** _____

Subject _____

Topic _____

Theme _____

Date _____

Descriptor	Comments
Suitable choice of technological tools	
Effective use of technological tools by teachers	
Suitable use of technological tools by students	
Appropriate use of technology for achieving objectives	

Descriptor	Comments
Safe use of equipment	
Contingencies in place	

General Observations

Supervisor _____

Signature _____

Supervisee _____

Signature _____