



**Government of the Republic of Trinidad and Tobago
Ministry of Education
Curriculum Planning and Development Division
Clinical Supervision Instrument – Post Observation Conference Template**

Name of Teacher _____ **Rank** _____

Department/Level _____ **Class** _____

Subject _____

Topic _____

Theme _____

Date _____

How did the teacher feel about the lesson?

Teacher strengths

Areas for instructional improvement identified and discussed

Training areas identified

Other

Focus of next Clinical Supervision session

Possible date for next Clinical Supervision session

Supervisor _____

Signature _____

Supervisee _____

Signature _____