



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

**Name of Teacher** \_\_\_\_\_ **Rank** \_\_\_\_\_

**Department/Level** \_\_\_\_\_ **Class** \_\_\_\_\_

**Subject** \_\_\_\_\_

**Topic** \_\_\_\_\_

**Theme** \_\_\_\_\_

**Date** \_\_\_\_\_

**Area(s) of focus**

Planning and preparation	
Student Involvement/participation	
Individualized instruction	
Levels of student thinking: Cognitive: Affective:	
Questioning	
Assessment	
Time management	
Classroom management:	
Suitable use of resources	
Use of technology	
Other:	

**Method(s) of Recording Observations**

---

---

**Lesson Plan (Draft) Checklist:**

<b>Criteria</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
• Lesson plan completed			
• Objectives identified and comprehensive			
• Previous knowledge identified			
• Set induction relevant			
• Instructional method/s identified and appropriate			
• Lesson suitably sequenced			
• Assessment method/s identified and aligned to objectives			
• Resource/s listed and/or described			

**Sample Pre- Observation Conference Questions**

- What are the specific observable student behaviors desired?

---

- What do you expect the students to learn?

---

- How will you know if the objectives have been met?

---

- What specific teaching strategies /behaviors will be used?

---

- What led to and what follows this lesson?

---

- What method(s) will be used to record the observations?

---

- What are your concerns with respect to the implementation of the lesson?

---

- What new strategies can you attempt in order to improve the instruction?

---

- How do you ensure that learning takes place in the classroom?

---

- What date/time and venue would be appropriate to have the observation of the lesson?

---

**Supervisor** \_\_\_\_\_

**Signature** \_\_\_\_\_

**Supervisee** \_\_\_\_\_

**Signature** \_\_\_\_\_