**Form B2: Specialist Post-Observation Conference Form (1)**

The **evaluator** will share **Form G-N: Vermilion Association for Special Education Framework for Teaching** with any evidence collected.

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| --- | --- |
| **Name of Teacher:** | Click here to enter text. |
| **School:** | Click here to enter text. |
| **Grade Level/Subject(s):** | Click here to enter text. |
| **Name of Observer:** | Click here to enter text. |
| **Date of Post-Observation Conference:** | Click here to enter a date. |
| **Date of Classroom Observation:** | Click here to enter a date. |

**The specialist will respond in writing to the questions below and submit to the evaluator at least three (3) days prior to the post-observation conference**. Questions serve as guidance for the post-conference. Any questions that do not pertain to the observation may be left blank.

***For the purpose of this document, “stakeholder” can be defined as any individual you are interacting with during the observation. A stakeholder can include, but is not limited to: students, parents, teachers, administrators.***

***An observation can be defined as the “activity” in which you are a part of during an observation by your evaluator. An observation can included, but is not limited to: therapy sessions, IEP meetings, classroom lessons, administering assessments.***

1. In general, how successful was the observed activity? Did the stakeholders learn what you intended for them to learn? How do you know?

Click here to enter text.

1. What did your stakeholders take away/understand from the observation? How did your communication, questions, and activities influence stakeholder learning?

Click here to enter text.

1. How did you alter your delivery of services (directions, questions, feedback, discussion techniques, etc.) based upon your stakeholders’ feedback?

Click here to enter text.

**Form B2: Post-Observation Conference Form (2)**

1. What next steps are you considering? What support, if any, would be helpful in taking these next steps?

Click here to enter text.

1. If you had a choice to complete the observed activity again with the same group of stakeholders(s), what would you do differently?

Click here to enter text.

1. As you reflect on your practice, choose one domain. Identify areas of strength and areas for growth. Explain why you selected this area for growth and how focusing on these areas for growth will help you improve as a professional. (4A)

Click here to enter text.

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Evaluator Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Your signature acknowledges receipt of this observation summary, which will be placed in your personnel file. Your signature does not indicate agreement with the descriptions or conclusions arrived at this observation. You may attach your written response to this observation summary for inclusion in your personnel file.