

Trainee Supervised Teach Self-Evaluation

Use a copy of this form for each Supervised Teach

| Trainee Name | |
|---|------|
| Class | |
| Location | |
| Supervising Instructor(s) | |
| Number of units/hours Number of students | |
| (Attach additional sheets if necessary) | |
| How did it go for you? What did you learn? What was focus next? | |
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| Trainee Signature | Date |
| Trainee Olynatare | Datc |
| Reviewing Advisor Signature | Date |