## RECORD OF ALTERNATIVE CERTIFICATION OBSERVATION

CENTER FOR EDUCATOR CERTIFICATION & ACADEMIC SERVICES TEXAS A&M UNIVERSITY-COMMERCE COMMERCE, TX 75429-3011

Name:			CWID#:						
Primary Mentor Teacher:			School Campus:						
								he PBTC Office. Make copies for your files. Use the space below if needed. FAX: 903-886-5156	to report dates,
					DATE	HOURS	GRADE LEVEL	DESCRIPTION OF ACTIVITIES	MENTOR TEACHER INITIALS
TOTAL HOURS		Primary Mentor Tea experience hours ind	cher: Your signature verifies the completion of the total field licated to the left.						
Mentor Teac	cher's Signatu		Phone:						
Principal's Signature:			Phone:						

## Reflection of Classroom Observations in Early Field Experience Center for Educator Certification & Academic Services

Center for Educator Certification & Academic Services
Texas A&M University-Commerce

CWID \_\_\_\_\_

Please respond to the number of reflection questions appropriate to your assignment of observation hours.
1. Describe the classroom(s) you observed with regard to student engagement, learning environment, and teacher-student interaction.
2. Describe the overall classroom management style practiced by the teacher. Did you find the management style conducive to learning?  Did you observe the students being responsible for their actions? Describe how interruptions were handled by the teacher and by the students.
3. Describe the practices you observed that were designed to assist students who required additional instructional strategies including English as a Second Language, Limited English proficient, and students with learning disabilities. Did the practices appear to increase student learning and achievement? If so, how?
4. Describe strengths and weaknesses of the classroom(s) you observed along with practices you will do differently.