

**Form 412-2**

**POST-OBSERVATION REFLECTION FORM**

**Name:** Click or tap here to enter text. **Date of Observation:** Click or tap to enter a date.

1. **Reflect on your Lesson**If you were teaching this lesson again:
   1. How might you change it and why?
   2. What evidence do you have to demonstrate students met the learning goal(s)?
   3. How do you plan to respond to the students that did not meet the learning goal(s)?
2. **Looking at the Indicators of Responsive Teaching which are included on the Teacher Supervision Form:**
3. Within your professional practice, what do you consider to be areas of strength?
4. What areas are opportunities for growth?
5. What resources or professional development will you access to support your area of growth?