**Collaborative Conversation Guide**

Name: Date:

Grade Level/Subject:

School: Supervisor/Cooperating Teacher:

Name of Clinical Practice Mentorship Form Used for Obs.:

***1. Teaching Practice Strengths and Improvements:***

***2. Areas for Future Improvement/Focus:***

***3. For the next time, the Teacher Candidate will…*** Date:

***4. For the next time, the Supervisor/Cooperating Teacher will…*** Date: