



## PRE CONFERENCE FORM FOR INTERNS & CLINICAL TEACHERS

ATP INFORMATION		ISD INFORMATION	
Student Name		District	
Student Email		School/Location	
Field Supervisor		Subject & Grade	
Professor		Cooperating Teacher	

**ONCE COMPLETE EMAIL TO FIELD SUPERVISOR AND PROFESSOR**

<b>LESSON TYPE:</b> Synchronous

<b>DESCRIPTION OF LESSON/CONTEXT</b>

<b>OBJECTIVES</b>

<b>STANDARDS ADDRESSED</b>

<b>ASSESSMENT OF STUDENT LEARNING:</b> How will you know the students have mastered the objective(s)?

<b>ADAPTIONS/ACCOMMODATIONS YOU ARE MAKING FOR STUDENTS</b>

**POSSIBLE PROBLEMS:** What are some possible problems you might encounter as you teach this lesson and what might you do “in the moment”?

**ACTIVITY EXTENSION:** What will you have ready in case the activity concludes sooner than expected, does not go as expected, or a student finishes earlier than others?

**INDICATE IF THERE IS SOMETHING YOU WOULD LIKE YOUR FIELD SUPERVISOR TO TRACK AND/OR PAY SPECIAL ATTENTION TO:** i.e. a management concern, adapting for a particular student, etc.

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