

**GEORGE MASON UNIVERSITY**  
Health and Physical Education Licensure Program

**OBSERVATION/EVALUATION REPORT**

Date \_\_\_\_\_

Intern: \_\_\_\_\_ School: \_\_\_\_\_

Observer: \_\_\_\_\_  Clinical Faculty or  University Supervisor

Activities Observed: \_\_\_\_\_ Grade/Subject(s): \_\_\_\_\_

**CONTENT KNOWLEDGE (Standard 1), & PLANNING & INSTRUCTION (Standard 6):**

**GROWTH AND DEVELOPMENT (Standard 2), & STUDENT ASSESSMENT (Standard 7):**

**MANAGEMENT AND MOTIVATION (Standard 4), & COMMUNICATION (Standard 5):**

**REFLECTION (Standard 8), COLLABORATION (Standard 10) & PROFESSIONAL DISPOSITIONS:**

**RECOMMENDATIONS:**

\_\_\_\_\_  
Other Supervisor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Teacher's/Intern's Signature

\_\_\_\_\_  
Date