# **Post-Observation Reflection Form**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |  | Observation date: |  |

*Directions: After your observation and post-observation meeting, write a few sentences reflecting on the observation and feedback that was given. Please send this form with the reflection back to your university supervisor within 48 hours of the observation.*

1. How did you prepare?

|  |
| --- |
|  |

1. What happened?

|  |
| --- |
|  |

1. What could have been done differently?

|  |
| --- |
|  |

1. How did you strengthen your professional skills?

|  |
| --- |
|  |