



Record of Lesson Demonstrations

*Please review the minimum required demonstrations at the prospective membership level

REQUIREMENT

CALP = 5

CALT = 10

Name: _____

Date: _____

Obs #	Student (First Name)	How many prior sessions with this student:	Date:	Scope and sequence/level taught:	Curriculum used (if applicable):	Supervisor Comments and Grade:
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Program Instructor Signature: _____

Date: _____