## Reflection Form

**Date:**

**Observation:**

- 1
- 2

**Directions:**

1. Fill in the indicators where you would like to add additional evidence.
2. Please indicate the Marshall indicator you would like the evidence to be aligned to.

### A. Planning and Preparation

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### B. Classroom Management

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### C. Delivery of Instruction

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### D. Monitoring, Assessment and Follow-Up

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**Additional Comments**