

**University of Richmond  
Department of Education  
Student Teaching**

**OBSERVATION FEEDBACK FORM (ST-01)**

STUDENT TEACHER: \_\_\_\_\_ DATE: \_\_\_\_\_

COOPERATING TEACHER: \_\_\_\_\_

LESSON TOPIC: \_\_\_\_\_

**I. STRENGTHS**

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**II. SUGGESTIONS FOR IMPROVEMENT**

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**III. COMMENTS**

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