**Candidate Name:**

**Date Completed:**

Selected Feedback Instrument and Protocol

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| --- |
| **Description of Feedback Instrument** |
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| --- |
| **Description of Administration Protocol** |
|  |

Candidate Reflection on Student Feedback

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| --- | --- |
| **Question** | **Response** |
| What patterns or trends do you notice? |  |
| Are there patterns in this feedback that may indicate inequitable experiences for students based on their background or identity? |  |
| What practices may have contributed to these results? |  |
| Based on the results, what next steps will you take? |  |