**Candidate Name:**

**Date Completed:**

Selected Feedback Instrument and Protocol

|  |
| --- |
| **Description of Feedback Instrument** |
|  |

|  |
| --- |
| **Description of Administration Protocol** |
|   |

Candidate Reflection on Student Feedback

|  |  |
| --- | --- |
| **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?  |  |