

Clinical Cycle Contract

Clinical Cycle # _____

Personal Information

**Your name*

**Date*

**Subject/class period*

**Time*

Team Members

The Proposed Contract

**Placement of observers*

**Beginning observation time*

**Observation duration*

**Purpose of the cycle*

Short description of your lesson

What will you be doing to facilitate learning?

What will the learners be doing?

Special Notes

Two or three cycle questions with rationale

ATTACH LESSON PLAN