

University Liaison Report

UPON COMPLETION, PLEASE UPLOAD THIS DOCUMENT IN MOODLE

Name of liaison staff member									
Practicum Course		PE1 PE2,	PE1 PE2/Internship Advanced Professional Practice (5442, 5118, 5325)						
Teacher Education Student name									
School name						Date	of visit		
Method 1				Method 2					
Program									
Supervising Tea	acher name								
School coordinator name									
Direct contact with		Supervising Teach	Teacher School Coordinator Teacher Education Student						
Please circle/ highlight appropriate box upon sighting the following completed documentation:									
Timetable Up-to-date Lesson Plans Observation tasks Lesson									
Observations		Teaching Materials	aching Materials TPA/Interim Report						
Strengths/concerns raised by the Supervising Teacher									
Strengths/concerns raised by the Teacher Education Student									
General comments of this placement for Professional Experience									
			Profe	essional Expe	erience 2:	Advance	ed Profe	ssional Practice	
Please fill in corresponding only:	i ior	essional Experience 1: follow up required?				(EDST544	(EDST5442, EDST5118, EDST5325): Follow up required?		
	course	Yes No							
				Yes I	Vo		Yes	No	
I have observed	Yes N	lo N/A							
I have looked at the Evidence Set				Io N/A					
I have counter signed the Interim Report Yes No N/A									
Liaison signatui	re						Date		