

SECONDARY

FACULTY SUPERVISOR REQUIREMENTS

MAED/TED-S: CLINICAL PRACTICE

Faculty S	upervisor	Student	School
	Start Date	End Date	
VISIT DATES		VISIT	STUDENT VERIFICATION SIGNATURE
1.	Orientation Training		
2.	Session 1: Observation & Co	aching	
	Written feedback notes	required	
3.	Session 2: Observation & Co	aching	
	Written feedback notes	required	
4.	Session 3: Observation, Coad	ching & Formal Evalu	uation
	Mid-term Evaluation & 0	Grade Form (TK20)	
5.	Session 4: Observation & Co	aching	
	Written feedback notes	required	
6.	Session 5: Observation & Co	aching	
	Written feedback notes	required	
7.	Session 6: Observation, Coad	ching & Formal Evalu	uation
	Final Evaluation & Grade	e Form (TK20)	
8.	Pre-approval required		
9.	Pre-approval required		
At the co	-	hing experience pleated/submitted to TK	ase verify the following have been (20.
acknow Observ	ation Checklist/CT training checkli vledged in TK20 ation, Coaching, & Feedback Not as 1-2 and Sessions 4-5 in TK20	es from	Weekly communication with cooperating teacher including collaboration on candidate's final performance & grade (2 sample email communications or phone call summary emails uploaded in TK20)
Session TK20	ns 3 & 6 Formal Evaluations comp		Collaboration with student teacher on Individu Development Plan
•	uirements (this form) – uploaded signatures		Introduced/met with principal (provide date) Note: Best practice: non-contractual obligation
-	communication & feedback on sr's reflections and lesson plans in		