

## **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 Educat	ion Student na	ame							
School name						Date	of visit		
Method 1				Method 2					
Program									
Supervising Teacher name									
School coordinator name									
Direct contact with		Supervising T	eacher	School Coordinator		Teacher Education Student			
Please circle/ highlight appropriate box upon sighting the following completed documentation:									
Timetable		Up-to-date Lesson Pla	ans	Observation	ı tasks Lesson				
Observations Te		Teaching Materials	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									
			Profo	ocional Evn	orionoo 2:	Advana	ad Profes	coional Practico	
Please fill in corresponding only:	i ior	fessional Experience 1: Follow up required?	Student has met all the standards (EL			(EDST544	Advanced Professional Practice (EDST5442, EDST5118, EDST5325):		
	course	Yes No	and can proceed to the Internship?		F	Follow up required?			
		765 140		Yes I	Vo		Yes	No	
I have observed a lesson Yes No N/A									
I have looked at the Evidence Set		Set	Yes No	o N/A					
I have counter s	signed the Inte	erim Report	Yes No	o N/A					
Liaison signatu	те						Date		