

## Appendix 4 – Course Convenor/Liaison Report



Instructions to Course Convenor/University Liaison			
Upon completion, this document is to be returned to the <b>Work Integrated Learning Office</b>			
Course Convenor/Liaison Staff Information			
Name of Course Convenor/Liaison staff			
Date of Visit			
School Name			
Details of Teacher Education Student			
Teacher Education Student Name		Method/s 1. 2.	Program
Supervising Teacher Name		School Coordinator Name	
Direct Contact with	• Supervising Teacher • School Coordinator • Teacher Education Student		
Teacher Education Student Requirements			
Please tick appropriate box upon sighting the following completed documentation:			
<input type="checkbox"/> Timetable	<input type="checkbox"/> Up-to-date Lesson Plans	<input type="checkbox"/> Observation Tasks	
<input type="checkbox"/> Lesson Observations	<input type="checkbox"/> Teaching Materials		
General Comments			
Strengths/ Concerns raised by the Supervising Teacher			
Strengths/ Concerns raised by the Teacher Education Student			
General comments of this placement for Professional Experience			
For the Attention of the Course Coordinator			
• Any follow up required?	• Follow up visit by Course Convenor required – please give details if arrangement already made	• Contact by Work Integrated Learning Coordinator required	
Yes      No	_____		