WIL006

University Liaison Report

UPON COMPLETION, PLEASE UPLOAD THIS DOCUMENT IN MOODLE

Name of liaison staff member					
Practicum Course	*PE1*	*PE2/Internship*	*Advanced Professional Practice (5442, 5118, 5325)*		
Teacher Education Student name					
School name				***Date of visit***	
Method 1		***Method 2***			
Program					
Supervising Teacher name					
School coordinator name					
Direct contact with	*Supervising 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*	*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

Please fill in for corresponding course only:	***Professional Experience 1: Follow up required?*** *Yes No*	***Professional Experience 2: Student has met all the standards and can proceed to the Internship?*** *Yes No*	***Advanced Professional Practice (EDST5442, EDST5118, EDST5325): Follow up required?*** *Yes No*

I have observed a lesson	*Yes*	*No*	*N/A*
I have looked at the Evidence Set	*Yes*	*No*	*N/A*
I have counter signed the Interim Report	*Yes*	*No*	*N/A*

Liaison signature		***Date***	