

WIL006

University Liaison Report

UPON COMPLETION, PLEASE UPLOAD THIS DOCUMENT IN MOODLE

Name of liaison staff member			
School name		Date of visit	
Course: PE1 PE2/Internship Advanced Professional Practice (5442, 5118, 5325)			
Teacher Education Student name			
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	