



# TCU Clinical Teacher Summary Form

TCU Box 297900

Texas Education Agency

Fort Worth, TX 76129

Year \_\_\_\_\_ Fall Spring

817.257.7660

## Clinical Teacher Information

TCU ID# \_\_\_\_\_ TEA ID# \_\_\_\_\_

Core Subjects EC-6 \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Middle 4-8 (content) \_\_\_\_\_

## Field Supervisor Information

Secondary (content) \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

All Level (content) \_\_\_\_\_

TEA# \_\_\_\_\_

## Certification Area

### Cooperating Teacher Placement 1

### Cooperating Teacher Placement 2 (If Applicable)

District \_\_\_\_\_ Campus \_\_\_\_\_

District \_\_\_\_\_ Campus \_\_\_\_\_

Last Name/SBEC \_\_\_\_\_

Last Name/SBEC \_\_\_\_\_

First Name \_\_\_\_\_ TEA# \_\_\_\_\_

First Name \_\_\_\_\_ TEA# \_\_\_\_\_

<b>Clinical Teaching Total Days (70 Days):</b>	<b>Start Date:</b>	<b>End Date:</b>	
3 Way Conference/Training (First three weeks)	<b>Date:</b>		
<b>TEA Required Documentation</b>	<b>Date</b>	<b>Beginning Time</b>	<b>End Time</b>
#1 Observation (aligns with observation form)			<b>Minimum 45 min. observation 1<sup>st</sup> four weeks of placement</b>
	Total Minutes		
#2 Observation (aligns with observation form)			<b>Minimum 45 min. observation 2<sup>nd</sup> four weeks of placement</b>
	Total Minutes		
Mid Evaluation / Recommendations <i>Field Supervisor and Cooperating Teacher Acknowledge and Sign</i>	Yes	No	
	Yes	No	
3 Way Conference/Training (1 <sup>st</sup> week if applicable)	<b>Date:</b>		
<b>TEA Required Documentation</b>	<b>Date</b>	<b>Beginning Time</b>	<b>End Time</b>
#3 Observation (aligns with observation form)			<b>Minimum 45 min. observation 3<sup>rd</sup> four weeks of placement</b>
	Total Minutes		
#4 Observation (aligns with observation form)			<b>Minimum 45 min. observation final four weeks of placement</b>
	Total Minutes		
Final Evaluation / Recommendations <i>Field Supervisor and Cooperating Teacher Acknowledge and Sign</i>	Yes	No	
	Yes	No	

Candidate Acknowledgement of accuracy and completion of document: \_\_\_\_\_

\*This form is completed by the field supervisor and cannot be handwritten, besides signatures.  
This is a TEA document and must be completed fully and accurately.