

TCU ID# _____ TEA ID# _____

TCU CLINICAL/STUDENT TEACHER

Last Name _____ First Name _____ MI _____

- EC-6 BIL ESL SPED
 ALL Level ART DEAF MUSIC PE
 Middle School _____
 Secondary _____

Year _____ FALL SPRING

Beginning Date (dd/mm/yy) _____

End Date (dd/mm/yy) _____

SCHOOL

DISTRICT

COOPERATING TEACHER (Placement 1)

TCU FIELD SUPERVISOR (Placement 1)

Last Name _____ First Name _____

Last Name _____ First Name _____

NOT APPLICABLE **COOPERATING TEACHER (Placement 2)**

TCU FIELD SUPERVISOR (Placement 2)

Last Name _____ First Name _____

Last Name _____ First Name _____

Requirements	Date	Beginning Time	End Time	TCU Clinical Teacher Signature	Cooperating Teacher Signature	TCU Field Supervisor Signature
3 Way Conference						
#1 Observation & Interactive Conference						
	TOTAL MINUTES			Refer to Observation Form & Notes		
#2 Observation & Interactive Conference						
	TOTAL MINUTES			Refer to Observation Form & Notes		
Mid/End Evaluation		Completed by:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 Way Conference **						
#3 Observation & Interactive Conference						
	TOTAL MINUTES			Refer to Observation Form & Notes		
#4 Observation & Interactive Conference						
	TOTAL MINUTES			Refer to Observation Form & Notes		
Mid/End Evaluation		Completed by:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The Director of Teacher Certification will complete the TEA ID#

** Required for Second (New) Placement/Assignment**