

TEA ID# _____

TCU STUDENT

Last _____ First _____ Middle _____
Course Name & _____
Number _____
Campus Name / District _____

Certification / Major _____

TCU COE Instructor or Field Supervisor _____

TEA Status _____

ISD TEPSAC ISASW Charter
 Other:

TCU ID# (Last 4 Digits) _____

	DATE	ARRIVAL TIME	DEPARTURE TIME	TOTAL TIME <i>*Observing</i>	TOTAL TIME <i>*Interaction</i>	Partner Teacher/ TCU COE Instructor Initials	ACTIVITY TYPE(S) <i>*Please check all that apply.</i>	
1		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation	<input type="checkbox"/> One-on-One
2		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Small Group	<input type="checkbox"/> Whole Class
3		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Other:	
4		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation	<input type="checkbox"/> One-on-One
5		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Small Group	<input type="checkbox"/> Whole Class
6		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Other:	
7		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation	<input type="checkbox"/> One-on-One
8		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Small Group	<input type="checkbox"/> Whole Class
9		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Other:	
10		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation	<input type="checkbox"/> One-on-One
			TOTAL MINUTES	*OBSERVING	*INTERACTING	TOTAL HOURS	*OBSERVING	*INTERACTING
			TOTAL MINUTES			TOTAL HOURS		

***Observing:** Watching and no interaction with student(s)
***Interacting:** Assisting or teaching an individual or more than one student.

Name: _____ Grade/Level: _____ Subject(s): _____

Partner Teacher (Full Name on Teacher Certification/TEA Number)

Signature: _____ Date: _____



TCU-College of Education

Field Reflection (complete a reflection on the interaction and observations experienced during this field based placement)