

Semester: Fall Spring Summer Year _____

TEA ID# _____

TCU STUDENT

Last First Middle TCU ID# (Last 4 Digits)

| | |
|--|-----------------------|
| Certification / Major | Course Name & Number |
| TCU COE Instructor or Field Supervisor | Start Date: End Date: |

| DATE | ARRIVAL TIME | DEPARTURE TIME | TOTAL TIME *Observing | TOTAL TIME *Interacting | Grade Level & Subject | ACTIVITY TYPE(S) *Please check all that apply. |
|-----------------------------------|---|---|---|---|-----------------------|--|
| 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 <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other: |
| Partner Teacher Name Signature | | Campus or School / District TEA Status | <input type="checkbox"/> ISD <input type="checkbox"/> TEPSAC <input type="checkbox"/> ISASW <input type="checkbox"/> Charter <input type="checkbox"/> Other: | TEA ID # or Partner Teacher Full Name on TEA Certificate: | | |

Reflection:

| | | | | | | |
|-----------------------------------|---|---|---|---|--|--|
| 2 | <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 <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other: |
| Partner Teacher Name Signature | | Campus or School / District TEA Status | <input type="checkbox"/> ISD <input type="checkbox"/> TEPSAC <input type="checkbox"/> ISASW <input type="checkbox"/> Charter <input type="checkbox"/> Other: | TEA ID # or Partner Teacher Full Name on TEA Certificate: | | |

Reflection:

| | | | | | | |
|-----------------------------------|---|---|---|---|--|--|
| 3 | <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 <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other: |
| Partner Teacher Name Signature | | Campus or School / District TEA Status | <input type="checkbox"/> ISD <input type="checkbox"/> TEPSAC <input type="checkbox"/> ISASW <input type="checkbox"/> Charter <input type="checkbox"/> Other: | TEA ID # or Partner Teacher Full Name on TEA Certificate: | | |

Reflection:

| | | | | | | |
|-----------------------------------|---|---|---|---|--|--|
| 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 <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other: |
| Partner Teacher Name Signature | | Campus or School / District TEA Status | <input type="checkbox"/> ISD <input type="checkbox"/> TEPSAC <input type="checkbox"/> ISASW <input type="checkbox"/> Charter <input type="checkbox"/> Other: | TEA ID # or Partner Teacher Full Name on TEA Certificate: | | |

Reflection:

| | | | | | | |
|-----------------------------------|---|---|---|---|--|--|
| 5 | <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 <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other: |
| Partner Teacher Name Signature | | Campus or School / District TEA Status | <input type="checkbox"/> ISD <input type="checkbox"/> TEPSAC <input type="checkbox"/> ISASW <input type="checkbox"/> Charter <input type="checkbox"/> Other: | TEA ID # or Partner Teacher Full Name on TEA Certificate: | | |

Reflection:

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



TCU-College of Education

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