

TCU Clinical Teacher Semester Summary

Texas Education Agency

TCU-COE CLINICAL/STUDENT TEACHER

TOTAL DAYS

TCU ID# _____ TEA ID# _____

Last Name _____ First Name _____ MI _____

- EC-6 BIL ESL / SPED
 All Level ART DEAF MUSIC PE
 Other: _____

Year _____ FALL SPRING

- Middle School (4-8) _____
 Secondary (7-12) _____

SCHOOL 1 _____ **DISTRICT** _____

COOPERATING TEACHER (Placement 1)

Last Name _____ First Name _____ Grade/ Subject _____

E-Mail: _____ TEA ID # _____

TCU FIELD SUPERVISOR (Placement 1)

Last Name _____ First Name _____ TEA ID # _____

Start Date (mm/dd/yy) _____

End Date (mm/dd/yy) _____ # of Days: _____

SCHOOL 2 _____ **DISTRICT** _____

COOPERATING TEACHER (Placement 2)

Last Name _____ First Name _____ Grade/ Subject _____

E-Mail: _____ TEA ID # _____

TCU FIELD SUPERVISOR (Placement 2)

Last Name _____ First Name _____ TEA ID # _____

Start Date (mm/dd/yy) _____

End Date (mm/dd/yy) _____ # of Days: _____

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

***TEA ID #s needed for Cooperating Teacher(s), Clinical Teacher & Field Supervisor. ** Required for 2nd Placement/Assignment** 6/2018**