## TCU Clinical Teacher Semester Summary

**Texas Education Agency**

**TCU Box 297900**

**Fort Worth, TX 76129**

**817.257.7660**

### TCU-COE CLINICAL TEACHER

<table>
<thead>
<tr>
<th>TCU ID#</th>
<th>TEA ID#</th>
</tr>
</thead>
</table>

**Last Name**

**First Name**

**MI**

**EC-6**

**BIL**

**ESL / SPED**

**All Level**

**ART**

**DEAF**

**MUSIC**

**PE**

**Year**

**FALL**

**SPRING**

**Middle School (4-8)**

**Secondary (7-12)**

### SCHOOL 1

**DISTRICT**

**COOPERATING TEACHER (Placement 1)**

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Grade/ Subject</th>
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</table>

**E-Mail:**

**TEA ID #**

**TCU FIELD SUPERVISOR(1)/EPP Training Date:**

<table>
<thead>
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<th>Last Name</th>
<th>First Name</th>
<th>TEA ID #</th>
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**Start Date (mm/dd/yy)**

**End Date (mm/dd/yy)**

**# of Days:**

### SCHOOL 2

**DISTRICT**

**COOPERATING TEACHER (Placement 2)**

<table>
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<th>Last Name</th>
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**E-Mail:**

**TEA ID #**

**TCU FIELD SUPERVISOR(2)/EPPTraining Date:**

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<th>TEA ID #</th>
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</table>

**Start Date (mm/dd/yy)**

**End Date (mm/dd/yy)**

**# of Days:**

### Documentation

**Date**

<table>
<thead>
<tr>
<th>Date</th>
<th>Beginning Time</th>
<th>End Time</th>
<th>TCU Clinical Teacher Signature</th>
<th>Cooperating Teacher Signature</th>
<th>TCU Field Supervisor Signature</th>
</tr>
</thead>
</table>

**3 Way Conference/Training (First three weeks)**

**#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:

**3 Way Conference Required for 2nd placement**

**#3 Observation Documentation**

**TOTAL MINUTES**

Refer to Observation Form & Notes

**#4 Observation Documentation**

**TOTAL MINUTES**

Refer to Observation Form & Notes

**End Evaluation**

Completed by:

**Recommendation for Certification—Field Supervisor & Cooperating Teacher**

**Date:**

Yes/No

**Date:**

Yes/No