

**TCU-COE CLINICAL TEACHER**

**TOTAL DAYS (70)**

TCU ID# \_\_\_\_\_ TEA ID# \_\_\_\_\_

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** \_\_\_\_\_

**SCHOOL 2** \_\_\_\_\_ **DISTRICT** \_\_\_\_\_

**COOPERATING TEACHER (Placement 1)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade/ Subject \_\_\_\_\_

E-Mail: \_\_\_\_\_ TEA ID # \_\_\_\_\_

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

Last Name \_\_\_\_\_ First Name \_\_\_\_\_  
TEA ID # \_\_\_\_\_

Start Date (mm/dd/yy) \_\_\_\_\_  
End Date (mm/dd/yy) \_\_\_\_\_ # of Days: \_\_\_\_\_

**COOPERATING TEACHER (Placement 2)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade/ Subject \_\_\_\_\_

E-Mail: \_\_\_\_\_ TEA ID # \_\_\_\_\_

**TCU FIELD SUPERVISOR(2)/EPP Training Date:** \_\_\_\_\_

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/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:	<input type="checkbox"/>	<input type="checkbox"/>
3 Way Conference Required for 2 <sup>nd</sup> 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:	<input type="checkbox"/>	<input type="checkbox"/>
Recommendation for Certification-Field Supervisor & Cooperating Teacher	Date:	Yes/No				
	Date:	Yes/No				