

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

**TCU CLINICAL/STUDENT TEACHER**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

- EC-6     BIL     ESL     SPED  
 ALL Level     ART     DEAF     MUSIC     PE  
 Middle School \_\_\_\_\_  
 Secondary \_\_\_\_\_

Year \_\_\_\_\_  FALL     SPRING

**Beginning Date (mm/dd/yy)** \_\_\_\_\_

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

**SCHOOL** \_\_\_\_\_

**DISTRICT** \_\_\_\_\_

**COOPERATING TEACHER (Placement 1)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**TCU FIELD SUPERVISOR (Placement 1)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

|             |
|-------------|
| TOTAL DAYS: |
|-------------|

NOT APPLICABLE **COOPERATING TEACHER (Placement 2)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

**TCU FIELD SUPERVISOR (Placement 2)**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

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

\*The Director of Teacher Certification will complete the TEA ID#

\*\* Required for Second (New) Placement/Assignment\*\*