

UNIVERSITY SUPERVISOR VISITATION LOG

Semester/Year

Supervisor Name

Teacher Candidate Name

ELL BCLAD

Cooperating Teacher

School Site

Grade

Formal Observations:

| Formal Observations: | | | | | Additional conference time not connected directly with a Formal Observation (Phone conferences included): | | |
|----------------------|--|---------------------------------------|--|-----------------------|---|---|--|
| Dates (Mo/Day/Yr) | Activity/Topic of Class (e.g. Reading, etc.) | Duration of Visit (e.g., 10:10-11:00) | Duration of Conference (e.g. 35 minutes) | Met with CT. (yes/no) | Dates (Mo/Day/Yr) | Duration of Conference (e.g., 35 minutes) | With Whom? (Coop. Teacher/ Candidate/ Administrator) |
| 1. | | | | | | | |
| 2. | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |
| 5. | | | | | | | |
| 6. | | | | | | | |
| 7. | | | | | | | |

Supervisor Signature

Date

To be submitted at the end of the semester to the Clinical Practice Office separated from teacher candidate's paperwork.