

UNIVERSITY SUPERVISOR VISITATION LOG

Semester/Year

Supervisor Name

Teacher Candidate Name

CLAD/ELL

BCLAD

Cooperating Teacher

School Site

Grade

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)	Topic of Conference
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.