

Report of Initial Visit by the University Supervisor with the

Cooperating Teacher and/or the Student Teacher - SED

Student/ID # Click to enter name/ID University Supervisor Click to enter name

**School**  Click to enter school name. **Cooperating Teacher** Click to enter teacher name

**Date of Visit** Click to enter date. **Time of Day** Time **Grade** Grade **Subject** Subject.

**Visit with (Check):** [ ]  **Cooperating Teacher** [ ]  **Student Teacher** [ ]  **Both**

**Topic Discussed (Check):**

Daily Arrival Time [ ]

End of Day Time [ ]

Last Day of Student Teaching Assignment [ ]

Phase-in of Teaching Responsibilities [ ]

Co-Teaching [ ]

Candidate “In Charge” of Classroom [ ]

Preparation of Lesson Plans [ ]

Objectives of Student Teaching Experience [ ]

Additional Duties and Responsibilities [ ]

Typical Daily Schedule [ ]

Substitute Teaching Policy [ ]

Attendance at:

* Faculty Meetings [ ]
* Team Meetings [ ]
* Professional Development [ ]
* IEP [ ]

Attendance at School Events [ ]

Notification for Absences [ ]

Evaluation of Student Teacher [ ]

Disposition (EDA) [ ]

Midterm/Final Ratings Completed:

* Danielson wording [ ]
* No Blank Lines [ ]
* No N/A or Did Not Observe [ ]

SOE Points of Emphasis:

* Technology [ ]
* Diversity/Culturally Relevant Pedagogy [ ]

Attendance at Seminar [ ]

Video [ ]

Alignment of Instruction with IEP Goals/Objectives (notebook) [ ]

Materials for Inclusion [ ]

Confidentiality [ ]

Letter of introduction to parents [ ]

Forms to Distribute During Meeting:

* Honorarium Form [ ]
* Common Expectations [ ]

Cooperating Teacher Contact Info. [ ]

**Other Topics (List)/Comments about the Visit:** Click to enter text.