ATTENTION UNIVERSITY SUPERVISOR

Click to enter Supervisor Name

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**Student Teaching Weekly Report Form**

NAME: Click here to enter name. WEEK OF: Click to enter a date.

**Reflection and Self-Assessment**

1. ACTIVITIES ENGAGED IN DURING PAST WEEK:

Click here to enter text.

1. AREAS YOU FELT POSITIVELY ABOUT:

Click here to enter text.

1. AREAS YOU FEEL NEED MORE WORK OR HAVE QUESTIONS ABOUT:

Click here to enter text.

1. WHAT RISKS DID YOU TAKE IN TERMS OF TRYING NEW IDEAS, CONCEPTS, TECHNIQUES, ETC.? WHAT DID YOU AND OR YOUR STUDENTS LEARN?

Click here to enter text.

1. ACTIVITIES TO ADD NEXT WEEK:

Click here to enter text.

1. HOURS SPENT IN ACTUAL TEACHING THIS WEEK:

Click here to enter text.

1. DESCRIBE YOUR TEACHING EXPERIENCE THIS WEEK IN ONE WORD:

Click here to enter text.

1. OTHER COMMENTS/REACTIONS:

Click here to enter text.

**WEEKLY SCHEDULE**

Prospective activities for the week ending: Click here to enter date.

***Name:*** Click here to enter text.

This should be a forecast of your responsibilities for the week.

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| --- | --- | --- | --- | --- | --- |
| ***Time*** | ***Monday*** | ***Tuesday*** | ***Wednesday*** | ***Thursday*** | ***Friday*** |
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OTHER INFORMATION REGARDING THE WEEK’S ACTIVITIES:

Click here to enter text.

Please write a weekly reaction report on other side. This time sheet is not complete without this reaction. When completed, e-mail or deliver to your university supervisor so it is received by Monday morning at 9:00 a.m. If you fax to SOE office, the number is 517-750-6629.