|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  | **O Practicum Student** |  | |
| Semester | Year \_\_\_\_\_\_\_ | **OBSERVATION FORM** | **O** Art 1 | **O** K-5/SPED | **O** PE - 1 |
| **O** Fall | **O**  Undergrad | **William Paterson University** | **O** Art 2 | **O** K-12/SPED | **O** PE - 2 |
| **O** Spring | **O**  Post-Bac | **College of Education/Office of Field Experiences** | **O** P-3 | **O** English | **O** Science |
| **O** Summer I | **O** MAT | **1600 Valley Rd, Rm 3108, Wayne, NJ 07470** | **O** P-3/K-5 | **O** Foreign Language | **O** School Nurse |
| **O** Summer II | **O** Visiting | **Telephone (973) 720-2108/2109 - Fax (973) 720-3503** | **O** K-5 | **O** Math | **O** Social Studies |
|  | **O** In-Service |  | **O** K-5/5-8 | **O** Music |  |

**Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School System/Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Subject \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_\_\_\_\_\_\_\_\_\_ O University Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ O Co-op Teacher \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Prof. Dev. School = O Yes O No**

|  |  |
| --- | --- |
| **OBSERVATION NOTES:** | **STRENGTHS:**  **AREAS FOR IMPROVEMENT:**  **FOCUS FOR NEXT OBSERVATION: (note descriptor #)** |

**STUDENT SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UNIVERSITY SUPERVISOR SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Return original Pink copy to Office of Field Experiences. Please Xerox copy for Student and University Supervisor*