

WIL006

University Liaison Report

**UPON COMPLETION, PLEASE UPLOAD THIS DOCUMENT IN MOODLE**

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| Name of liaison staff member | | | |  | | | | | |
| School name |  | | | | | | Date of visit | |  |
| Course: **PE1 PE2/Internship Advanced Professional Practice (5442, 5118, 5325)** | | | | | | | | | |
| Teacher Education Student name | | | |  | | | | | |
| Method 1 |  | | | | Method 2 |  | | | |
| Program |  | | | | | | | | |
| Supervising Teacher name | | | |  | | | | | |
| School coordinator name | | | |  | | | | | |
| Direct contact with **Supervising Teacher School Coordinator Teacher Education Student** | | | | | | | | | |
| Please circle/ highlight appropriate box upon sighting the following completed documentation:  **Timetable Up-to-date Lesson Plans Observation tasks Lesson Observations Teaching Materials TPA/Interim Report** | | | | | | | | | |
| Strengths/concerns raised by the Supervising Teacher | | | | | | | | | |
| Strengths/concerns raised by the Teacher Education Student | | | | | | | | | |
| General comments of this placement for Professional Experience | | | | | | | | | |
| Please fill in for corresponding course only: | | | Professional Experience 1: Professional Experience 2: Advanced Professional  Follow up required Student has met all the Practice (EDST5442,  **Yes No** standards and can proceed EDST5118, EDST5325):  to the Internship Follow up required  **Yes No** **Yes No** | | | | | | |
| I have observed a lesson  **Yes No N/A**  I have looked at the Evidence Set **Yes No N/A**  I have counter signed the Interim Report **Yes No N/A** | | | | | | | | | |
| Liaison signature | |  | | | | | | Date |  |