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 ProfessionalFollow 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 |  |