

12345678 or PENDING

TEA ID#

TCU
STUDENT

Frog Super A.
Last First Middle

*****1873

TCU ID# (Last 4 Digits)

Certification / Major

Early Childhood - Grade 6

Course Name & Number

Literacy / EDUC 12345

Campus Name

Bailey-Palko Elementary, FWISD

TCU COE Instructor or Field Supervisor

Dr. Randolph Clark

TEA Status

ISD TEPSAC ISASW Charter
 Other

	DATE	ARRIVAL TIME	DEPARTURE TIME	TOTAL TIME <i>*Observing</i>	TOTAL TIME <i>*Interaction</i>	Partner Teacher / TCU COE Instructor Initials	ACTIVITY TYPE(S) <i>*Please check all that apply.</i>		
1	9/8/20	8:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	300 minutes	120 minutes	I T	<input checked="" type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input checked="" type="checkbox"/> Whole Class <input checked="" type="checkbox"/> Other: <u>Zoom Break-Out Sessions</u>		
2	9/15/20	8:30 <input type="checkbox"/> AM <input type="checkbox"/> PM	3:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	360 minutes	60 minutes	I T	<input checked="" type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input checked="" type="checkbox"/> Small Group <input checked="" type="checkbox"/> Whole Class <input type="checkbox"/> Other:		
3	9/22/20	8:00 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3:00 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	420 minutes	0 minutes	I T	<input checked="" type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input checked="" type="checkbox"/> Whole Class <input type="checkbox"/> Other:		
4	9/29/20	8:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	210 minutes	210 minutes	I T	<input checked="" type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input checked="" type="checkbox"/> Small Group <input checked="" type="checkbox"/> Whole Class <input type="checkbox"/> Other:		
5	10/6/20	8:30 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3:30 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	300 minutes	120 minutes	I T	<input checked="" type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input checked="" type="checkbox"/> Small Group <input checked="" type="checkbox"/> Whole Class <input type="checkbox"/> Other:		
6	10/13/20	8:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	300 minutes	120 minutes	I T	<input checked="" type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input checked="" type="checkbox"/> Whole Class <input type="checkbox"/> Other:		
7	10/20/20	8:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	210 minutes	210 minutes	I T	<input checked="" type="checkbox"/> Observation <input checked="" type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input checked="" type="checkbox"/> Whole Class <input type="checkbox"/> Other:		
8	10/27/20	8:15 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	360 minutes	60 minutes	I T	<input checked="" type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input checked="" type="checkbox"/> Whole Class <input type="checkbox"/> Other:		
9	11/3/20	8:20 <input checked="" type="checkbox"/> AM <input type="checkbox"/> PM	3:20 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	200 minutes	220 minutes	I T	<input checked="" type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input checked="" type="checkbox"/> Small Group <input checked="" type="checkbox"/> Whole Class <input type="checkbox"/> Other:		
10	11/10/20	8:15 <input type="checkbox"/> AM <input type="checkbox"/> PM	3:15 <input type="checkbox"/> AM <input checked="" type="checkbox"/> PM	240 minutes	180 minutes	I T	<input checked="" type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input checked="" type="checkbox"/> Small Group <input checked="" type="checkbox"/> Whole Class <input type="checkbox"/> Other:		
*Observing: Watching and no interaction with student(s) *Interacting: Assisting or teaching an individual or more than one student.				TOTAL MINUTES	OBSERVING 2900	INTERACTING 1300	TOTAL HOURS	OBSERVING 48:20	INTERACTING 21:40
				TOTAL MINUTES	4200		TOTAL HOURS	70	

Name: Ima Teacher

Grade/Level: 3

Subject(s): ELAR

Partner Teacher TCU COE Instructor

Signature: Ima Teacher *Electronic Signature / Submitted via email

Date: 11/14/2020

TEA # or Full Name on Teacher Certificate of the Partner Teacher: Ima G. Teacher