

TARLETON STATE UNIVERSITY

UNIVERSITY SUPERVISOR VISITATION REPORT

This report is to be completed monthly by each University Supervisor and submitted to the Office of Field Experiences on the last school day of each month.

University Supervisor's Name: _____ Month/Year: _____

	Student Teacher / Clinical Teacher / Intern	School Visited	Date of Visit	Type of Visit: Please check all that apply					Comments & Recommendations
				Lesson Observation	Conference with ST / CT / Intern	Conference with Mentor	Conference with Administrator	Other	
1									
	Lesson Start Time: _____ Lesson End Time: _____ Total Time at Site: _____								
2									
	Lesson Start Time: _____ Lesson End Time: _____ Total Time at Site: _____								
3									
	Lesson Start Time: _____ Lesson End Time: _____ Total Time at Site: _____								
4									
	Lesson Start Time: _____ Lesson End Time: _____ Total Time at Site: _____								
5									
	Lesson Start Time: _____ Lesson End Time: _____ Total Time at Site: _____								

	Student Teacher / Clinical Teacher / Intern	School Visited	Date of Visit	Type of Visit: Please check all that apply					Comments & Recommendations
				Lesson Observation	Conference with ST / CT / Intern	Conference with Mentor	Conference with Administrator	Other	
6									
	Lesson Start Time: _____ Lesson End Time: _____ Total Time at Site: _____								
7									
	Lesson Start Time: _____ Lesson End Time: _____ Total Time at Site: _____								
8									
	Lesson Start Time: _____ Lesson End Time: _____ Total Time at Site: _____								
9									
	Lesson Start Time: _____ Lesson End Time: _____ Total Time at Site: _____								
10									
	Lesson Start Time: _____ Lesson End Time: _____ Total Time at Site: _____								
11									
	Lesson Start Time: _____ Lesson End Time: _____ Total Time at Site: _____								
12									
	Lesson Start Time: _____ Lesson End Time: _____ Total Time at Site: _____								