FIRST VISIT CHECKLIST

To be completed by UNIVERSITY SUPERVISOR, COOPERATING TEACHER and EARLY CHILDHOOD STUDENT TEACHER during orientation visit

University Supervisor_____________________________       Date___________________
Student Teacher_________________________________       Program_______________________
Time Spent with Student Teacher___________       with Coop. Teacher_______________

☐ Contact Information:
  ▪ Phone numbers:
  ▪ E-mail addresses:
  ▪ Where does paperwork go?

☐ Role of University Supervisor, Cooperating Teacher and Student Teacher

☐ Working days and hours

☐ Reflective Journal expectations

☐ Schedule of teaching responsibilities

☐ Lesson plan structure and due dates

☐ Weekly paperwork (http://www.uwplatt.edu/education/forms.html#coop)

☐ Completed teaching unit submitted by: ___________

☐ Process to follow for absences: _________________

☐ Communication/Grading System

☐ Breaks/Holidays

☐ Professional Appearance

☐ Introduction of Student Teacher to families

Dates and times for University Supervisor Visits:

▪ Visit 1
  Day
  Time

▪ Visit 2
  Day
  Time

__________________________________       ______________________________
Cooperating Teacher Signature       Student Teacher Signature

Complete copies for University Supervisor, Student Teacher, and Cooperating Teacher.