

**TEA ID#** \_\_\_\_\_

**TCU STUDENT**

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_  
Course Name & \_\_\_\_\_  
Number \_\_\_\_\_  
Campus Name / District \_\_\_\_\_

Certification / Major \_\_\_\_\_

TCU COE Instructor or Field Supervisor \_\_\_\_\_

TEA Status \_\_\_\_\_

ISD  TEPSAC  ISASW  Charter  
 Other:

**TCU ID#** (Last 4 Digits) \_\_\_\_\_

	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		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:	
2		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:	
3		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:	
4		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:	
5		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:	
6		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:	
7		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:	
8		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:	
9		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:	
10		<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input 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.			<b>TOTAL MINUTES</b>	<b>OBSERVING</b>	<b>INTERACTING</b>	<b>TOTAL HOURS</b>	<b>OBSERVING</b>	<b>INTERACTING</b>
			<b>TOTAL MINUTES</b>			<b>TOTAL HOURS</b>		

Name: \_\_\_\_\_ Grade/Level: \_\_\_\_\_ Subject(s): \_\_\_\_\_

Partner Teacher (Full Name on Teacher Certification/TEA Number)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# TCU-College of Education

Field Reflection