

Semester: Fall Spring Summer Year _____

TEA ID# _____

TCU STUDENT

Last First Middle TCU ID# (Last 4 Digits)

Certification / Major	Course Name & Number
TCU COE Instructor or Field Supervisor	Start Date: End Date:

DATE	ARRIVAL TIME	DEPARTURE TIME	TOTAL TIME *Observing	TOTAL TIME *Interacting	Grade Level & Subject	ACTIVITY TYPE(S) *Please check all that apply.
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:
Partner Teacher Name Signature		Campus or School / District TEA Status	<input type="checkbox"/> ISD <input type="checkbox"/> TEPSAC <input type="checkbox"/> ISASW <input type="checkbox"/> Charter <input type="checkbox"/> Other:	TEA ID # or Partner Teacher Full Name on TEA Certificate:		

Reflection:

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:
Partner Teacher Name Signature		Campus or School / District TEA Status	<input type="checkbox"/> ISD <input type="checkbox"/> TEPSAC <input type="checkbox"/> ISASW <input type="checkbox"/> Charter <input type="checkbox"/> Other:	TEA ID # or Partner Teacher Full Name on TEA Certificate:		

Reflection:

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:
Partner Teacher Name Signature		Campus or School / District TEA Status	<input type="checkbox"/> ISD <input type="checkbox"/> TEPSAC <input type="checkbox"/> ISASW <input type="checkbox"/> Charter <input type="checkbox"/> Other:	TEA ID # or Partner Teacher Full Name on TEA Certificate:		

Reflection:

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:
Partner Teacher Name Signature		Campus or School / District TEA Status	<input type="checkbox"/> ISD <input type="checkbox"/> TEPSAC <input type="checkbox"/> ISASW <input type="checkbox"/> Charter <input type="checkbox"/> Other:	TEA ID # or Partner Teacher Full Name on TEA Certificate:		

Reflection:

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:
Partner Teacher Name Signature		Campus or School / District TEA Status	<input type="checkbox"/> ISD <input type="checkbox"/> TEPSAC <input type="checkbox"/> ISASW <input type="checkbox"/> Charter <input type="checkbox"/> Other:	TEA ID # or Partner Teacher Full Name on TEA Certificate:		

Reflection:

TOTAL MINUTES	*Observing	*Interacting	TOTAL HOURS	*Observing	*Interacting	*Observing: Watching and no interaction with student(s) *Interacting: Assisting or teaching an individual or more than one student.
TOTAL MINUTES			TOTAL HOURS			



TCU-College of Education

Field Reflection (complete a reflection on the interaction and observations experienced during this field based placement)