

STUDENT TEACHING VISITATION REPORT

This report is to be submitted to the Office of Placement and Licensure <u>monthly</u>. If this form is not submitted, it will be assumed no charged mileage or visits were made.

Supervisor's Name:

Total Students Visited on this Report: _____

Term of Assignment:						
Coding Abbreviation for Types of Visits Made:						
CO: Classroom Obs	CS: Conference with Student Teacher					
CT: Conference with Cooperating Teacher				SC: Summative Conference		
Name of Student Teacher	School Visited	Date of Visit	Type of Visit	Begin Mileage	Ending Mileage	Total Mileage

Total Miles for this Report:_____