

STUDENT TEACHING VISITATION REPORT

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

Supervisor's Name: _____

Term of Assignment: _____

Coding Abbreviation for Types of Visits Made:

O: Observation of Student Teacher CS: Conference with Student Teacher
CT: Conference with Cooperating Teacher T: Triad Meeting (US, CT, & ST)

Name of Student Teacher	School Visited	Date of Visit	Type of Visit	Begin Mileage	Ending Mileage	Total Mileage