Final Clinical Teaching Checklist

Candidate Name ___________________________________________

University Supervisor Name ________________________________

Semester & Year ___________________________________________

Final Grade (Pass/ Fail) _______________

Attach Supporting Documentation for the following: (Check or N/A)

_______ Record of Clinical Teacher Observations & Conferences (Required)

_______ Absence Report(s) with Make-up Verification Report(s) (If Applicable)

_______ Emergency Substitution Report (If Applicable)

Check When Complete:

_______ Final Grade in Ramport (Required)

_______ Clinical Teacher Disposition Survey (Required)

_______ University Supervisor Survey (Required)

Additional Comments: (Optional)

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All forms can be found on the ASU Website:

http://www.angelo.edu/dept/ceducation/stfe_resources.php