

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 Rampport (Required)

_____ Clinical Teacher Disposition Survey (Required)

_____ University Supervisor Survey (Required)

Additional Comments: (Optional)

All forms can be found on the ASU Website:

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