

# 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)

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All forms can be found on the ASU Website:

[http://www.angelo.edu/dept/ceducation/stfe\\_resources.php](http://www.angelo.edu/dept/ceducation/stfe_resources.php)