

STUDENT TEACHING EXPERIENCE RECORD

Student Teacher _____ | Dates of Student Teaching _____

of Weeks from to

Supervising Teacher _____ | Subject and/or Grade _____

School Name _____ | School Corporation _____

Signature of Supervising Teacher _____ | Date _____

DIRECTIONS: At the end of each week, reflect upon your activities, and record the number of hours devoted to each category noted below. **This form is required and must be kept up to date.** Please show this record to your university supervisor on each of his/her visits. At the end of your placement, this log must be totaled, checked, and submitted to your supervising teacher for signature. You must submit this form to your IU supervisor.

	WEEKS OF YOUR PLACEMENT															TOTAL
	1 ST	2 ND	3 RD	4 TH	5 TH	6 TH	7 TH	8 TH	9 TH	10 TH	11 TH	12 TH	13 TH	14 TH	15 TH	
PHASE I—SCHOOL ORIENTATION/OBSERVATION																
1. Orientation to school policies and resources																
2. Observation of classroom (observation of supervisor's instruction)																
PHASE II—PARTICIPATION, FULL TEACH																
1. Participation in Collaborative Instruction (assisting supervising teacher with daily instruction)																
2. Full Instruction (complete responsibility for planning and carrying out instruction for the entire day)																
3. After School Lesson Planning and Evaluation of Student Work																
4. Participation in Professional Growth Activities (faculty meetings, in-service training, professional conferences)																
PHASE III—TRANSITION/OBSERVATION/REFLECTION																
1. Observation of other teachers' instruction																
OTHER Attendance at extracurricular events (sporting events, student performances, clubs, PTA meetings, parents night, etc).																
TOTAL COMBINED HOURS																

Special Activities Summary (Identify special programs/ activities participated in during student teaching)
