

Student Teacher Supervision Log

Instructions: This completed form must be returned to Kat Colson (325H Willard, kat.colson@okstate.edu) after each observation in order to receive travel reimbursement approval. Please print information other than signatures. Additional sheets may be attached if needed.

OSU Supervisor Name _____ Student Teacher Name _____

School Site/District/Town _____ Cooperating Teacher Name _____

Purpose of Visit	Date	Arrival Time	Departure Time	Recommendations	Student Teacher's Signature	Cooperating Teacher's Signature
Supervisor Training						
Introductory Conference						
Observation 1						
3-Way Conference						
Observation 2						
3-Way Conference						
Observation 3						
3-Way Conference						

Date Mid-Term Evaluation Completed: _____ Date Final Evaluation Completed: _____

Signature of OSU Supervisor: _____
_____ (date)

Received by PEU: _____ (initials)