

PRACTICUM LIAISON VISIT... EARLY INDICATION...

Student:	<input type="text"/>	Date of visit:	<input type="text"/>
Associate:	<input type="text"/>	Class Level:	<input type="text"/>
Kura/School:	<input type="text"/>	Liaison Teacher:	<input type="text"/>

WARNING: Please remember to save your entries in this form

Dates/Times to be avoided for evaluative visits?

Programme Name:

Pre-practicum visit: ☐ Yes / ☐ No

Hours of attendance:

Programme is organised (*select option*) ☐ Long Term / ☐ Short Term

Folder presented – tabbed - and explained :(*select option*) ☐ Yes / ☐ No

Lesson and unit plan formats appropriate: (*select option*) ☐ Yes / ☐ No

AT feedback/critiques to date (*select option*) : ☐ Written / ☐ Verbal

1-2 Key Development Goals identified (including action steps/success criteria):

Teaching and school involvement so far:

University Tasks are underway:

Meeting requirements: ☐ Yes / ☐ No or Comment:

Further Comments:

Liaison Lecturer:

Email:

Mobile: