

## **Weekly Report & Reflection**

**Clinical Teacher:**

**Email Address:**

**Cooperating Mentor Teacher/School/Grade Level:**

**Field Supervisor:**

**Summary of Week:** (MM/DD/YYYY)

**Date of this week's Planning Conference between Cooperating Mentor Teacher and Clinical Teacher:**

**Clinical Teacher: Reflect on the week that just ended.**

1. New responsibilities for this week:

2. Reflection on my work this week:

a) My lessons were well developed and instructional materials were prepared.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

b) I was present in my class each day for the entire day.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

If NO, explain:

c) I was on time each day.

\_\_\_\_\_ Yes    \_\_\_\_\_ No

3. Goals for professional growth for next week:

4. Support I need from my Cooperating Mentor Teacher:

**Cooperating Mentor Teacher:**

1. Strengths shown this week:

2. Goals for growth:

3. Areas of concern:

Date of next week's Planning Conference between Cooperating Mentor Teacher & Clinical Teacher:

**REFLECTION MUST BE RECEIVED BY THE FIELD SUPERVISOR BY MIDNIGHT ON SUNDAY OF EACH WEEK.**