WAYNE STATE COLLEGE
SCHOOL OF EDUCATION AND BEHAVIORAL SCIENCES

Weekly Conference Form for Clinical Practice

(To be completed, at minimum, once every 3 weeks.)

Teacher candidate: _____ Cooperating teacher: _____

Week of: _____ Absences: _____ Times tardy: _____

Strengths discussed:

Goals for growth discussed:

Additional comments:

At the end of this conference, cooperating teacher:

☐ will NOT contact WSC Coordinator and Director about student concerns

☐ WILL contact WSC Coordinator and Director about student concerns (contact should be made in a timely manner)

Teacher candidate signature _____

Cooperating teacher signature _____

Date conference completed: _____

Accessibility notice:
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