APPENDIX S

Monmouth University
School of Education
West Long Branch, NJ 07764

Conference Signature Page

Student Teacher: ____________________________________________

Cooperating Teacher: ________________________________________

Clinical Faculty: ____________________________________________

District: ___________________________________________________

School: ____________________________________________________

Semester: ☐ Fall ☐ Spring Year __________

Please initial at each conference:

Clinical Faculty Classroom Observation 1: ST CF CT

Clinical Faculty Classroom Observation 2: ST CF CT

Clinical Faculty Classroom Observation 3: ST CF CT

Clinical Faculty Classroom Observation 4: ST CF CT

Clinical Faculty Classroom Observation 5: ST CF CT

Student Teaching Midterm Evaluation: ST CF CT

Teacher Work Sample Evaluation

Student Teaching Final Evaluation: ST CF CT

Videotaping satisfactorily completed

__________________________________________________________

______________________________ ____________________________

Clinical Faculty’s Signature and Date Student Teacher’s Signature and Date

__________________________________________________________

Cooperating Teacher’s Signature and Date