



Name_____

Semester_____

DIRECTED TEACHING CHECKLIST

Initial Triad Meeting (DT-10)	Date:									
Weekly Progress Reports (DT-2) (completed cooperatively)	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Lesson Observation (DT-2) (additional feedback sheet completed by Cooperating Teacher after observing at least ten lessons)	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:	Date:
Formal Observations (DT-2) by University Supervisor (lesson plan should be emailed 48 hours in advance for feedback)	Date:		Date:			Date:		Date:		
Mid-term Evaluation (DT-3) of Student Teacher (due week of _____)	Self-Evaluation Date:			By Cooperating Teacher Date:			By University Supervisor Date:			
Mid-term Triad (week of _____)	Date:									
Final Evaluation (DT-3) of Directed Teacher (due _____)	Completed Collaboratively Date:									
Final Grade Recommendation (to be completed at Final Triad)	Form Completed Date:									
Final Evaluation (D-8) of Cooperating Teacher (return to Teacher Ed office)	By Student Teacher Date:									
Final Evaluation (DT-9) of College Supervisor (return to Teacher Ed office)	Date:									
Final Triad Meeting (week of _____)	Date:									