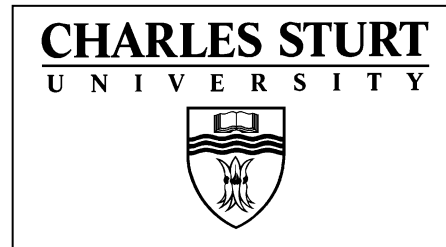


# Professional Experience

## Mid Session Report



This form is to be completed no later than the end of the **SECOND** week of the Placement (or **THIRD** week for a five or six week practicum) and faxed back to the Professional Experience Office immediately.

Preservice Teacher \_\_\_\_\_ ID \_\_\_\_\_

School/Site \_\_\_\_\_ University Supervisor \_\_\_\_\_

**STRENGTHS:** (based on the expected outcomes for the placement)

**AREAS FOR DEVELOPMENT:** (based on the expected outcomes for the placement. If you have any significant concerns, you **MUST** contact the Professional Experience Office immediately)

**FUTURE PRIORITIES:** Establish goals for the rest of this professional experience program.

Associate/Class Teacher (sign) \_\_\_\_\_ Preservice Teacher (sign): \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

Please ensure that the Preservice Teacher is given the *original* copy of this form when completed and return the *duplicate* copy to the Practicum Office at the end of the practicum with the other material.