



TOUGALOO COLLEGE
Division of Education, Supervision and Instruction
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COOPERATIVE TEACHER TRAINING PROGRAM WEEKLY REPORT

Supervising Teacher _____ School _____

Student Teacher _____ College _____

For Week Beginning _____ Ending _____ Hours Present _____ Times Tardy _____

1) In the following items, check the types of activities in which the teacher has participated during the week:

- | | | |
|---|--|--|
| <input type="checkbox"/> Observing | <input type="checkbox"/> Preparing Tests | <input type="checkbox"/> Integrate Technology |
| <input type="checkbox"/> Marking Attendance | <input type="checkbox"/> Administering Tests | <input type="checkbox"/> Planning Lessons |
| <input type="checkbox"/> Checking Workbooks | <input type="checkbox"/> Scoring Tests | <input type="checkbox"/> Teaching |
| <input type="checkbox"/> Marking Papers | <input type="checkbox"/> Tabulating Data | <input type="checkbox"/> Participating in Conference |

Others: _____

2) List significant needs: _____

3) List significant teacher competencies and evidence of improvement: _____

4) Recommendation: _____

Prepare one copy of this report and deliver to the office of the school principal on Friday of the Week reporting. After the principal has read and signed the report, it is to be forwarded to the office of the Dean of Education/University Supervisor at the college.

Signature of Cooperating Teacher Date

Signature of Principal Date