



Report of University Supervisor's Initial Visit

College of Education, Office of Clinical Experiences, 110 Speight Building, Greenville, NC 27858-4353

Intern _____

ECU ID# B _____

School _____

Clinical Teacher _____

University Supervisor _____

Date _____

Indicate Yes or No	Yes	No
A. Observed Intern Teaching (Not Required)	_____	_____
B. Conference – With clinical teacher	_____	_____
With intern	_____	_____
Topics Discussed:	_____	_____
1. The local school schedule and policies	_____	_____
2. Senior I Agreement Form (review)	_____	_____
3. Internship Policies and Standards	_____	_____
4. Dispositions Form B (review)	_____	_____
5. The Internship Calendar	_____	_____
6. Long-range plans (intern instructional responsibilities)	_____	_____
7. Portfolio Requirements (review unit)	_____	_____
8. Short-Range plans (lesson plans)	_____	_____
9. The intern's weekly teaching schedule	_____	_____
10. The Progress Report, Dispositions Form C, & Final Evaluation Forms	_____	_____
11. Grading criteria and procedures	_____	_____
12. Others _____	_____	_____

C. Remarks:

University Supervisor

Clinical Teacher

Intern

White Copy - Office of Clinical Experiences; Canary Copy – Intern; Pink Copy – Clinical Teacher; Goldenrod Copy – University Supervisor