



**Queen's University - Concurrent Teacher Education
Experiences in Schools Year 3 - Progress Report**

- Queen's** - (return to: Practicum Office, Faculty of Education, Queen's Univ., Kingston, ON, K7L 3N6)
- Queen's-Trent** - (return to: Concurrent Education Office, LEC N124, Trent Univ., Peterborough, ON, K9J 7B8)

Progress Report - to be completed by Host Teachers (s) **Please Print:**

Teacher Candidate's Name _____ **P/J** **I/S**

Host Teacher's Name _____ (equivalent 15 day placement)

Grade/Subject _____

School _____ Board _____

City _____ Postal Code _____ Phone _____ FAX _____

Dates of Placement: _____ to _____, 20__

	Outstanding	Proficient	Adequate	Needs Improvement
Rapport with pupils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Active participation in the classroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Quality of observation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lesson implementation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Classroom management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Professional attitude and behaviour	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Commitment and responsibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Further Comments _____

Host's Signature _____ Date _____

Candidate's Signature _____ Date _____

(This signature indicates receipt of the report only)

Special Needs Host Teacher's Name *(if applicable)*: _____

Dates of Placement: _____ to _____, 20__

Comments: _____

We wish to express our sincere thanks for your contribution to the professional growth and development of our Teacher Education Students.

Original copy-student, copies - Practicum Office -Queen's or Concurrent Education Office Trent, Host Teacher