

Appendix 4 – Course Convenor/Liaison Report



Instructions to Course Convenor/University Liaison

Upon completion, this document is to be returned to the **Work Integrated Learning Office**

Course Convenor/Liaison Staff Information

Name of Course Convenor/ Liaison staff member	
Date of Visit	
School Name	

Details of Teacher Education Student

Teacher Education Student Name		Method/s 1. 2.	Program
Supervising Teacher Name		School Coordinator Name	
Direct Contact with	• Supervising Teacher • School Coordinator • Teacher Education Student		

Teacher Education Student Requirements

Please tick appropriate box upon sighting the following completed documentation:

<input type="checkbox"/> Timetable	<input type="checkbox"/> Up-to-date Lesson Plans	<input type="checkbox"/> Observation Tasks
<input type="checkbox"/> Lesson Observations	<input type="checkbox"/> Teaching Materials	

General Comments

Strengths/ Concerns raised by the Supervising Teacher

Strengths/ Concerns raised by the Teacher Education Student

General comments of this placement for Professional Experience

For the Attention of the Course Coordinator

<p>• Any follow up required?</p> <p>Yes No</p>	<p>• Follow up visit by Course Convenor required – please give details if arrangement already made</p> <p>_____</p> <p>_____</p>	<p>• Contact by Work Integrated Learning Coordinator required</p>
---	--	---