

# STUDENT TEACHING/PRACTICUM OBSERVATION FORM

School of Education  
University of Wisconsin - Madison

SUBJECT AREA \_\_\_\_\_ Practicum  Student Teaching

Student: \_\_\_\_\_

University Supervisor: \_\_\_\_\_

Cooperating Teacher: \_\_\_\_\_

School/Site: \_\_\_\_\_

Class(es) Observed: \_\_\_\_\_

*Summary and Recommendations:*

Beginning/Ending time of visit: \_\_\_\_\_

*The student, cooperating teacher and university supervisor discussed the student's progress in a 3-way conference. Yes  No*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature — University Supervisor

*I have read the summary statement above.*

\_\_\_\_\_  
Signature — Student

\_\_\_\_\_  
Signature — Cooperating Teacher