

SCHOOL OF EDUCATION
FAYETTEVILLE STATE UNIVERSITY
SUPERVISOR VISITATION FORM

CANDIDATE _____ DATE _____

School/Grade Level

Cooperating/Partnership Teacher

Initial Visit **Yes** **Visit #** 2, 3, 4, 5 (check one)

Note: Submit to Office of Teacher Education after each visit.

Observed the candidate

Yes No

Comments

Conference with the candidate

Yes No

Comments

Conference with the cooperating/partnership teacher

Yes No

Comments

General Comments/Observations

University Supervisor