Appendix 4 – Course Convenor/Liaison Report

Upon completion, this document is to be returned to the Work Integrated Learning Office Course Convenor/Liaison Staff Information Name of CourseConvenor/ Liaison staff member Date of Visit School Name Details of Teacher Education Student Teacher Education Student Name Supervising Teacher Name Direct Contact with • Supervising Teacher School Coordinator • TeacherEducation Student Teacher Education Student Requirements	
Name of CourseConvenor/ Liaison staff member Image: Staff member Date of Visit Image: School Name School Name Image: School Name Details of Teacher Education Student Image: School Name Teacher Education Student Image: School Name Student Name Image: School Coordinator Name Supervising Teacher Name School Coordinator Name Direct Contact with • Supervising Teacher• School Coordinator • TeacherEducation Student	
Liaison staff member Date of Visit School Name Details of Teacher Education Student Teacher Education Student Teacher Education Student Student Name Supervising Teacher Name Direct Contact with	
School Name Details of Teacher Education Student Teacher Education Student Name Supervising Teacher Name Direct Contact with Supervising Teacher Education Student • Supervising Teacher School Coordinator • TeacherEducation Student	
Details of Teacher Education Student Teacher Education Student Name Method/s 1. 2. Program Supervising Teacher Name School Coordinator Name Image: Coordinator Name Direct Contact with • Supervising Teacher• School Coordinator • TeacherEducation Student	
Teacher Education Student NameMethod/s 1. 2.ProgramSupervising Teacher NameSchool Coordinator NameDirect Contact with• Supervising Teacher• School Coordinator • TeacherEducation Student	
Teacher Education 1. Student Name 1. Supervising Teacher Name School Coordinator Name Direct Contact with • Supervising Teacher• School Coordinator • TeacherEducation Student	
Direct Contact with • Supervising Teacher• School Coordinator • TeacherEducation Student	
Teacher Education Student Requirements	
Please tick appropriate box upon sighting the following completed documentation: † Timetable † Up-to-date Lesson Plans † Observation Tasks †Lesson Observations † Teaching Materials General Comments Strengths/ Concerns raised by the Supervising Teacher	
Strengths/ Concerns raisedby the Teacher Education Student	
General comments of this placement for Professional Experience For the Attention of the Course Coordinator	