EASTERN MENNONITE UNIVERSITY

EMU Education Department
Weekly Progress Report

Student Teacher_____ Week of _____
(month/day/year)

Cooperating Teacher_____ School_____

Please complete this form weekly and send it to your university consultant according to her or his instructions. Cooperating Teacher completes Section 2; Student Teacher completes items 1 and 3.
All comments should be read by both individuals before forms are signed.

1. (ST) Evaluate your classroom experiences for the **past week**. What worked well? What did not work well? Why?

2. (CT) Evaluate your Student Teacher's classroom experiences during the **past week**. Provide specific recommendations for her/his areas of strength and areas for growth for the **coming week**.

3. (ST) Describe how you will implement your Cooperating Teacher's recommendations for the **coming week**. What specific strategies/methods will you use?

_____ _____
Signature of Student Teacher Date Signature of Cooperating Teacher Date

(White Copy – Student Teacher / Yellow Copy - Cooperating Teacher / Pink Copy - University Consultant)