**Weekly Activity Report for Student Teachers**

A new copy of this form is to be completed each week of student teaching. This WORD version of the form can be renamed and saved to your computer by using the “Save As” command. Please send a copy of this report to your program director, university supervisor and retain a copy for your records.

Student Teacher       School Name

Cooperating Teacher       University Supervisor

Date       Week : Check One [ ] 1 [ ] 2 [ ] 3 [ ] 4 [ ] 5 [ ] 6 [ ] 7 [ ] 8

Teaching Activities

Please give a brief description of classes taught/observed. Include grade level, subject, topic, etc.

Briefly share one positive experience from this week

Please continue on the next page.

Briefly share one problem or negative experience. Do you want assistance in dealing with this?

Do you have any other comments, questions or needs?