



**ABORIGINAL TEACHER EDUCATION PROGRAM
FACULTY OF EDUCATION, QUEEN'S UNIVERSITY
KINGSTON, ON K7M 5R7**



FACULTY LIAISON OBSERVATION FORM

Teacher Candidate: _____ Program Location: SGEI MNS

Date of Visit: _____ 2nd Practicum 3rd Practicum Other (specify): _____

School: _____ Location: _____

Associate Teacher: _____ Grade/Subject: _____

Forms may be hand written or typed.

Observations, Comments and Suggestions
(Please refer to the rubric in the ATEP Practicum Handbook for assessment categories.)

Faculty Liaison

Name:
Signature:
Date:

Teacher Candidate

Name:
Signature:
Date:

(Signature represents receipt of Assessment)

1st Copy: Teacher Candidate 2nd Copy: ATEP Office 3rd Copy: Associate Teacher
Aboriginal Teacher Education Program, Faculty of Education, Queen's University, Kingston, Ontario
1-800-862-6701

Fax: 1-613-533-6203

Office Use Only

Date Received: _____ Received By: _____
This form must be completed and returned to the above address in all cases where personal information sharing is requested. The personal information collected on this form is collected under the legal authority of the Royal Charter of 1841, as amended. The personal information collected on this form will be used to maintain data on Aboriginal admissions. If you have any questions or concerns about the information collected or how it will be used, please contact the Dean of Education, Dr. Rebecca Luce-Kapler at 613 533 6210.