



**ABORIGINAL TEACHER EDUCATION PROGRAM  
FACULTY OF EDUCATION, QUEEN'S UNIVERSITY  
MANITOULIN-NORTH SHORE ATEP  
FACULTY LIAISON OBSERVATION FORM**



Teacher Candidate:

PRAC 425      PRAC 435      PRAC 445      PRAC 465      Other (specify):

School:      Associate Teacher:

Grade/Subject:      Date of Visit:

*Forms may be hand written or typed. If more space is needed, please attach additional sheet(s).*

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)*

Distribution: The Teacher Candidate is responsible for obtaining signed and dated form and distributing as follows:  
Original: Teacher Candidate    Copies: Faculty Liaison, Associate Teacher, ATEP Program/Administrative Assistant

**Submit by fax or email: Fax: 613-533-6203 Email: [atep@queensu.ca](mailto:atep@queensu.ca)**