



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



Teacher Candidate:

PRAC 415 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