

**EMU Education Department**

**Weekly Progress Report**

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| Student Teacher: |  | Week of: |  |
| 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?

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Student Teacher Signature Date Cooperating Teacher Signature Date