TROY UNIVERSITY CLINICAL TEACHING EXPERIENCE REPORT

INSTRUCTIONS: You must submit a complete			
Tracking Form. You may access this form and print copies at You wi			
return all completed forms with your Tracking			forms from EDU
3310 will be submitted to the TEP Coordinator	prior to being aur	nitted to TEP.	
Educational Experience Report Form			
Please print:			
Student Name			
Date of teaching Location of			
Total clock hours observed (1, 1.5, 2, 2.	.5, 3) T	ime in	Time out
Troy Course Number Troy	Instructor		
Pre-service student name		Grade	
Subject(s) Taught			
Signature of Cooperating Classroom	Teacher		
School Phone	——— Year Exp	erience	
Classroom Activities Used (lectures, sinvolved, methods, teacher centered, sidescription of what is going on in the comparisons.	tudents centere	d); this shou	ıld be a general
experience.			
			LONG BAS
E. Carlotte Commission (Commission Commission Commissio			
	en andere.		
		KET HIS	
			LEEK E. A. S.
<u> </u>			

Was technology used in the classroom during this lesson? Yes No
If yes describe what type of technology and how it was used by the teacher and/or by the students?
What classroom management techniques did you use while working with this
class?
Please describe your reaction to this class and what you learned in relation to the information from teaching this class. Relate this information to the theoretical and concrete information gained from the University course.
Student Signature: Date:
Troy Classroom Instructor's Verification Signature: