Teacher Education Program

BRIDGEWATER COLLEGE

Bridgewater, Virginia

Weekly Progress Report

Student Teacher _____ Week of _____
(month / day / year)

Cooperating Teacher _____ School _____

Please complete this form and take it to your college supervisor.
Student Teacher completes items 1 and 3; Cooperating Teacher completes part 2.
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 his/her 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?

_____ _____

Signature of Student Teacher Date Signature of Cooperating Teacher Date