Queen's University
Faculty of Education
Practicum Review Form

Candidate _____ Faculty Liaison _____

School _____ Associate Teacher _____

Grade/Subject: _____ Practicum Block: October 3-28, 2011 ☐
November 21-December 16, 2011 ☐
February 13-March 9, 2012 ☐
Other ☐

Date: _____ Date by which recommendations must be implemented: _____

Nature of Concerns:

Recommendations:

Recommendation Outcomes:

Teacher Candidate has fulfilled the recommendations ☐
Teacher Candidate has not fulfilled the recommendations ☐

Signatures:
_____ Teacher Candidate
_____ Associate Teacher
_____ Faculty Liaison

Signatures:
_____ Associate Teacher
_____ Faculty Liaison
_____ Teacher Candidate (signature confirms receipt of form)
Date: _____

The Teacher Candidate, Associate Teacher, Faculty Liaison, and Practicum Manager must receive a copy of this form twice (1) after the initial recommendations are made, and (2) after the recommendation outcomes section is completed.