AUGUSTA STATE UNIVERSITY
DEPARTMENT OF TEACHER EDUCATION
LAB/APPRENTICESHIP/PRACTICUM SUPERVISION RECORD

***Complete at the end of each month and make two copies. Email or give one to the Apprenticeship or Practicum Coordinator and email or give the other copy to Teresa Johnson.**

Faculty Member: _____ Signature: _____

Date	School Visited	Name of Student*

* If multiple students are being visited at the same school, the supervisor can indicate the number of students visited (under name of student) and can attach a roster of names.