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

***Complete at the end of each month and make a copy. Email or give one to the Apprenticeship or Practicum Coordinator.**

Faculty Member: _____ Signature: _____

Date	School Visited	Name of Teacher Candidate*

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