

Student Teacher and Cooperating Teacher Contact Sheet

Week	Date	Topics of Discussion	Reviewed PAES	Type of Contact
1			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
2			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
3			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
4			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
5			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
6			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
7			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
8			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail

Signature of Student Teacher: _____ Date: _____

Signature of Cooperating Teacher: _____ Date: _____

Student Teacher and Cooperating Teacher Contact Sheet (Continued)

Week	Date	Topics of Discussion	Reviewed PAES	Type of Contact
9			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
10			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
11			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
12			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
13			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
14			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
15			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail
16			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> In person <input type="checkbox"/> Phone <input type="checkbox"/> E-mail

Signature of Student Teacher: _____ Date: _____

Signature of Cooperating Teacher: _____ Date: _____