

**WHEATON TEACHER EDUCATION PROGRAM**

WheTEP

**Weekly Activity Report**

For Methods and/or Student Teaching Practica.

Check with College Supervisor to find out if this is required for you.

**NAME PHONE DATE**

**SCHOOL GRADE OR SUBJECT**

**1. NEW INSTRUCTIONAL EXPERIENCES (completed by teacher candidate):**

**2. OPTIONAL COMMENTS BY COOPERATING TEACHER:**

**3. ASSISTANCE REQUESTED FROM COLLEGE SUPERVISOR**

 **(completed by either teacher candidate or cooperating teacher):**

**TEACHER CANDIDATE’S SIGNATURE COOPERATING TEACHER’S SIGNATURE**

9/2013