

Professional Experience Communication Form

This Professional Experience Communication Form is to be used by professional experience mentors to document evidence related to a pre-service teacher's progress during a Professional Experience placement.

Date of Visit/Meeting	Program (e.g. BEd)			
Name of Education Site PE Placement (e.g. PE1)				
Supervising Teacher's Name	Signature			
Pre-service Teacher's Name	Signature			
University Staff Member's Name	Signature Electronic Signatures are acceptable			
Communication rec	ord completed in relation to pre-service teacher's practicum			
Feedback received from supervising teachers: (e.g. planning, relationships, interpersonal skills, organisation, classroom practice)				
Feedback received from pre-service teachers: (e.g. planning responsibility, school and supervising teacher support, self- reflection)				
Areas for future focus: (sourced from supervising teacher, university staff pre- service teacher)				
During today's visit, the follow as	beects have been noticed: (please tick)Is the pre-service teacher'discussed Lessonconsidered to be 'At Risk'?			

	Teaching session observed/discussed Lesson		considered to be 'At Risk'?		
	planning sighted/discussed	Yes		No	
	Written reflections sighted/discussed	YES		NO	
	Assessment discussed with Supervising Teacher	(If yes, please ensure a			
	Behaviour management strategies discussed		CAN form has been		
Interim Reports sighted (if applicable)		completed)			