



a place of mind

**Faculty of Education
Teacher Education Office
Interim Report**

Teacher Candidate _____

Faculty Advisor _____

School _____

School Advisor _____

Practicum:

☐ 2-Week

☐ Elementary

☐ Middle

☐ 10-Week

☐ Secondary

☐ Updating

Nature of Concerns:

Recommendations and Timeline for Improvement

Note: If the above concerns are not addressed satisfactorily, or if other concerns arise, this practicum could be terminated.

Completed by _____ Date _____

Student's Signature _____

Copies to: ☐ Teacher Candidate ☐ Faculty Advisor ☐ School Advisor