KARLS/	N. RSITET
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TEACHER EDUCATION BOARD

Practical Placement Report

The form should be sent by the school to the contact person at Karlstad University

Filled in by Kau

Contact Person at Karlstad University			
E-mail	Phone number		

Filled in by student

Name	Date of birth
E-mail	Phone number
Registered at teacher programme	

Information about the school. Filled in by contact teacher

Name of the school		
Location of the school, City, Country		
Name of Principal		
Email address to Principal	Phone number to Principal	
Name of Contact Teacher		
Email address to Contact Teacher	Phone number to Contact Teacher	

Filled in by Contact Teacher

First day at school	Last day at school	
Total amount of days at school	Approximate amount of lessons taught by student	Approximate amount of lessons observed by student

Filled in by Contact Teacher

Attendance at school:

Kindly give some feedback on the student's attendance at school. Did the student attend the school as was agreed upon?

Comments about student's teaching:

Kindly give some feedback on the student's teaching. Such as: Was the content suitable? Was the method of teaching suitable? Or anything else of relevance you want to mention.

Comments about the student's communication and contact with the pupils, teachers and other staff: 3 Kindly provide some feedback on the student's communication with the pupils. Did the student perform the

role of a teacher? Or anything else of relevance you want to mention..

Other comments:

Space for additional comments. We appreciate anything you would like to share!

Signed by contact teacher (school)

Place, date and signature of Contact Teacher at the school

Signed by contact person (KAU)

Place, date and signature of responsible teacher at Karlstad University