

SCHOOL OF EDUCATION
FAYETTEVILLE STATE UNIVERSITY
CLINICAL EDUCATOR (EPP) VISITATION FORM

CANDIDATE _____ **DATE** _____

School/Grade Level

Clinical Educator (P-12)

Initial Visit **Yes** **Visit #** 2, 3, 4, 5 (check one)

Note: Submit to Office of Teacher Education after each visit.

Observed the candidate

Yes No

Comments

Conference with the candidate

Yes No

Comments

Conference with the clinical educator (P-12)

Yes No

Comments

General Comments/Observations

Clinical Educator (EPP) Signature