**EDUC 400/400A
Pre/Post Conference Form**

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| --- | --- | --- | --- |
| Name of Student: |       | Date: |       |
| Name of School: |       | Grade/Subject:  |       |
| Full-Time Student Teaching (EDUC 400):  |  [ ]  Evaluation 1 [ ]  Evaluation 2  |
| Part-Time Student Teaching (EDUC 400A): | [ ]  Evaluation 1  |
|  |
| **Pre-Conference Discussion**  |
|       |
| **Post-Conference Discussion** |
|       |
| Evaluator:  |        | Student:  |        |

\*\*Your typed name serves as your signature