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

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 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