

University of Wisconsin-Whitewater
OFFICE OF FIELD EXPERIENCES
2038 Winther Hall
Whitewater WI 53190-1790

STUDENT OBSERVATION REPORT: DIRECTED TEACHING

Student's Name: _____ Subject/Grade Level: _____
Location: _____
Date: _____ Observation Time: _____

University Supervisor's Signature

Student's Signature

Please Return to: Office of Field Experiences