

Lamar University Principal Notification Verification Form

Lamar Teacher Candidate Name:

Mentor Name:

Principal Name:

Campus and District:

In accordance with TAC 228.2 Field-based experiences and the Texas Education Code 228.35I verify that the above referenced candidate has provided me with observation/field experience feedback from the university field supervisor pertaining to practices observed in the field. This experience includes working with diverse types of student representative of my campus demographics.

Observation: 1, 2, 3		
Date of Observation	Time observation begin	Time observation ended
Date of Feedback Conference	Time feedback conference begin	Time feedback conference ended.

Clinical Teacher Signature _____

By signing you acknowledge that you have received a copy of the feedback that the LU supervisor provided to the clinical teacher for the above formal observation.

Principal Signature _____

Date received _____