

Preservice Teacher Mid Self-Reflection

14 Month

Preservice Teacher Name:	
Practicum School:	
University Advisor Name:	
Associate Teacher Name:	
Grade Level/Courses:	

For each of the four areas, please reflect on <u>two</u> successes, <u>two</u> challenges, and <u>two</u> aspects you would like to engage with before the end of the practicum.

Please use the "14 Month Final Assessment" as a reference.

Relationships

Classroom Routines and Procedures

Planning, Instruction and Assessment

Profes	ssion	alism
	55101	

I have reviewed this self-reflection with my University Advisor and my Associate Teacher.

Date: _____ Signature: _____

Submitted by the University Advisor:

Date: ______ Signature: ______

Please return no later than **May 1st** to Mount Saint Vincent University, Faculty of Education, SAC 449, 166 Bedford Highway, Halifax, NS, B3M 2J6 or email BEdPracticum@msvu.ca.

Please use "name14MS" as the filename

Reports sent electronically, via email attachment, are standardly considered, for our purposes, to be an acceptable alternate to one with a handwritten signature.