

Preservice Teacher Mid Self-Reflection Year 1

Preservice Teacher Name:

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

Classroom Routines and Procedures	
Planning, Instruction and Assessment	
The same of the sa	

essionalism		
I have reviewed thi	s self-reflection with my University Advisor and my Associate Teacher.	
Date:	Signature:	
Submitted by the U	niversity Advisor:	
Date:	Signature:	
Diagram and the second	er than May 5th to Mount Saint Vincent University, Faculty of Education, SAC 449	^

166 Bedford Highway, Halifax, NS, B3M 2J6 or email <u>BEdPracticum@msvu.ca</u>.

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