

**SPECIAL EDUCATION
WEEKLY ACTIVITY REPORT**

WEEK NO. _____ Date _____ to _____ 20 _____

School _____ Grade(s) _____

City _____ State _____

DIRECTIONS: List only those lessons and activities for which you were solely responsible or for which you had a major responsibility. Do not list those activities in which you provided minor assistance to your supervising teacher.

NOTES

**TEACHING SKILLS TO MAINTAIN OR
IMPROVE NEXT WEEK**

1. _____

2. _____

3. _____

Signed by _____
(Student Teacher)

(Cooperating Teacher)

	Lesson or Activity	Number
SPECIALIZED INSTRUCTION	A.M./P.M. Devotion	_____
	Religion/Word of God	_____
	Social Skills	_____
	Organizational Skills	_____
	Functional Skills	_____
	Reading	_____
	Phonics	_____
	Weekly Newspaper	_____
	English	_____
	Spelling	_____
	Handwriting	_____
	Mathematics	_____
	Social Studies	_____
	Science	_____
	Music	_____
	Phy. Ed.	_____
Art	_____	
Other: _____	_____	

	Check Activities Supervised	
SUPERVISION	Listen to recitation	_____
	Give individual help	_____
	Supervise study period	_____
	Check papers	_____
	Observe in other classrooms	_____
	Recess	_____
	Lunch room	_____
	Coach athletics Cheerleading	_____
	Church/Chapel	_____
	Other: _____	_____

	Activity	Leader	Participant	Observer
PROFESSIONAL GROWTH	Curriculum Study			
	Teachers Conference			
	Parent-Teacher Mtg.			
	Parent-Teacher Conf.			
	Faculty Meetings			
	Faculty Devotions			
	Child Study/Student Assessment Team			
	General Education Teacher Consult			
THE SPECIALEDUCATION PROCESS	Related Service Provider Consult			
	Evaluation Team Meeting (Pre, Results)			
	IEP/ISP Team Meeting			
	Evaluation or IEP/ISP Writing:			

