

## AMES COOK UNIVERSITY College of Arts, Society and Education



## ED1439 Professional Experience Statement of Completion Report

To support the assessment processes and JCU's commitment to academic integrity, we ask that all Reports and Attendance Records be returned **ONLY** by Site Coordinators. Digital Reports to be submitted to the Student Placement Team by emailing <u>placements@jcu.edu.au</u>. The Report is due within **5** days of placement completion to support Preservice Teacher's subject progression.

Please cc PST in the email so they may retain a copy of the Report for their Portfolio.

	Name	Signature	Date				
Preservice							
Teacher							
Student ID							
SBTE							
QCT Current Registration		Centre					
Task			Initial				
Obtained Parent/carer permission to conduct documentation of focus child's learning and development							
Gathered information for Situational Analysis task							
Gathered information for Documentation 1- Sense of Identity (Narrative)							
Gathered information for Documentation 2 – Connectedness (Different type of Narrative)							
Gathered information for Documentation 3 – Wellbeing (Checklist)							
Gathered information for Documentation 4 – Active Learning (Samples)							
Gathered information for Documentation 5 – Communicating (Language Transcript)							
Co-planned a learning experience based on Documentation 5							
Enacted the planned experience							
Completed 10 day per day	rs						
Participated in all room activities. This can include implementing learning experiences coplanned with Site Based Teacher Educator, based on documenting a focus child's learning and development.							
Overall comments to support PST develop the professional practices of observing and documenting children's learning and how they interpreted their collected information.							



## AMES COOK UNIVERSITY College of Arts, Society and Education BACHELOR OF EDUCATION



## ED1439 Professional Experience Attendance Record

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		Name		Signature			
Preserv Teacher							
SBTE							
QCT Current Registration					JCU Partnership Centre		
Day	Date Atte	nded	Start Time	Finish Time	Length contact hours p	of Educational Program time attended (Min – 5 er day)	SBTE Signature
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							