

**Bemidji State-TEAM CONVERSATION FORM**

**US-CT(s)-ST**

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| **Semester** |  | | | **Date of Conversation** |  | | |
| **ISD & School** |  | | | **Grade & Subject** |  | | |
| **Student Teacher** |  | **Cooperating Teacher 1** |  | | **University Supervisor** |  | |
| **Cooperating Teacher 2** |  | |
|  |  | **Cooperating Teacher 3** |  | |
| *Describe how each Triad Member participated, such as: face-to-face, via phone, via video chat, email, etc.* | | | | | | | |
| **ST** |  | **CT 1** |  | | **US** |  | |
| **CT 2** |  | |
|  |  | **CT3** |  | |  | |
| **University Supervisor Signature** | |  | | | | | |

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| **Record Comments and Conversation Below** |
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