Clinical Experience Log for Non-Full-Time Teachers

Teacher Candidate: Please record all hours that you spend in your mentor's classroom. Your mentor must sign off on all logged hours. <u>This document must be uploaded into the Clinical Experience Lesson Dropbox prior to Lesson 8 enrollment request.</u> You may print more pages if necessary.

TR Candidate's Name:	
Cooperating Teacher's Name:	
School Name:	
School District:	
Cooperating Teacher's Signature Verifying Hours:	

Date	Hours	Cooperating Teacher's Initials

Date	Hours	Cooperating Teacher's Initials



Date	Hours	Cooperating Teacher's Initials

