

Clinical Field Experience Log Sheet

| Student's Name: | | Cooperating Teacher's Name: | | |
|------------------------|--|--------------------------------------|-------------|-----------------------------|
| Subject Matter: | | | | |
| | Classroom Activity (Type of Activities) O=Observation; TA=Teacher Aide; T=Tutor; PM=Professional meeting; TT=Technology Training; OL=Online; V=video; ST=Teaching; Other specify. | Classroom Teacher's Signature | Date | Amount of Time Spent |
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