

University of Dallas, Department of Education Clinical Teaching Log (FALL)

Candidate's Name: _____
 District: _____
 School/Campus: _____
 Subject/Grade: _____

Field Supervisor: _____
 Semester & Year: _____

AUGUST					SEPTEMBER					OCTOBER				
Date	Time In:	Time Out:	Total Time	CT INITIALS	Date	Time In:	Time Out:	Total Time	CT INITIALS	Date	Time In:	Time Out:	Total Time	CT INITIALS

TOTAL DAYS FOR AUGUST:		TOTAL DAYS FOR SEPTEMBER:		TOTAL DAYS FOR OCTOBER:	
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University of Dallas, Department of Education Clinical Teaching Log (FALL)

Candidate's Name: _____
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NOVEMBER				CT INITIALS	DECEMBER				CT INITIALS
Date	Time In:	Time Out:	Total Time		Date	Time In:	Time Out:	Total Time	

TOTAL DAYS FOR NOVEMBER:		TOTAL DAYS FOR DECEMBER:	
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TOTAL DAYS:	
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For each day, please fill in the date and time in/out, then total each day. A day is considered at least seven hours. Your clinical teaching must be fourteen weeks (a total of seventy days). At the end of each week, have your cooperating teacher verify your attendance with their initials. This form will be submitted at the end of the clinical teaching experience to the Certification Officer to document your completion of clinical teaching.