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

Sel	idate's Name: District: hool/Campus: ubject/Grade:						- - -	Fi Se	eld Supervisor: _ mester & Year: _					
JANUARY					FEBRUARY					MARCH				
Date	Time In:		Total Time	CT INITIALS	Date	Time In:	Time Out:	Total Time	CT INITIALS	Date	Time In:	Time Out:	Total Time	CT INITIAL:
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TOTAL DAYS FOR APRIL: TOTAL DAY				S FOR MAY:						
	For each day, please fill in the date and time in/out, then total each day. A day is consider of seventy days). At the end of each week, have your cooperating teacher verify your atter								ay is considered	

teaching experience to the Certification Officer to document your completion of clinical teaching.

TOTAL DAYS: