

UNIVERSITY OF DALLAS DEPARTMENT OF EDUCATION

First Fifteen Day Experiences Log

Course: _____ Practicum **Semester/Yr:** _____

University of Dallas Student: _____

School: _____ **Grade/Subject:** _____ **Cooperating Teacher:** _____

Observation Day of Week	Observation Date	Time Begin	Time End	Time Total	Cooperating Teacher's Initials	Practicum Student's Initials
Summary of Interaction with Students:						
Summary of Interaction with Students:						
Summary of Interaction with Students:						
Summary of Interaction with Students:						

TOTAL # OF HOURS: _____ *(please include hours from ALL pages)*

By signing below, you agree that the hours listed above are accurate for reporting to the Texas Education Agency (TEA):

UD Student: _____ Date: _____

Cooperating Teacher: _____ Date: _____

UD Professor: _____ Date: _____

We welcome your comments and evaluation, please use the provided Evaluation Form!
Thank you for helping us to provide this practicum experience for our students!
University Contact: Department of Education | education@udallas.edu | (972) 721-5389

Observation Day of Week	Observation Date	Time Begin	Time End	Time Total	Mentor Teacher's Initials	Practicum Student's Initials
Summary of Interaction with Students:						
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