

Clinical Supervisor LOG

ELED & SCED Revised 2.21.19

Name _____ Semester _____

DATE	STUDENT	SCHOOL	ACTIVITY	TIME
			<input type="checkbox"/> Observing Student <input type="checkbox"/> Conferencing w/Student <input type="checkbox"/> Conferencing w/Mentor Teacher <input type="checkbox"/> Conferencing w/Principal <input type="checkbox"/> Paperwork <input type="checkbox"/> Other _____	
			<input type="checkbox"/> Observing Student <input type="checkbox"/> Conferencing w/Student <input type="checkbox"/> Conferencing w/Mentor Teacher <input type="checkbox"/> Conferencing w/Principal <input type="checkbox"/> Paperwork <input type="checkbox"/> Other _____	
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