

EARLY FIELD EXPERIENCE CLINICAL EXPERIENCES LOG SUMMARY

This is an official form that must be fully and accurately completed and submitted to the Field Experience Office.
It is required for the completion of transcripts and licensure applications.

INTERN'S NAME _____ RU ID# _____ SS# _____

SEMESTER _____ YEAR _____ SCHOOL SYSTEM _____

Name of Cooperating Professional	Grades or Ages/Subjects ¹	SUMMARY OF HOURS				Days Absent:	Days Present:
		Conferencing	Observing	Teaching ²	Other		

1. Secondary and Middle Education interns must document the subjects taught. Early childhood special education interns enter the ages for birth through age 5 experiences and the grades for primary PK-3 experiences.

2. Teaching hours are those hours in which the intern is involved in direct instruction of PK-12 students, implementing the activities he or she planned and reviewed with the cooperating professionals(s).

Signature of Cooperating Professional(s) _____ Name of School(s) or Agencies _____ Date(s) _____

Signature of University Supervisor(s) _____ Date _____

Signature of Intern _____ Date _____