

**STUDENT TEACHING 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 <sup>1</sup>	SUMMARY OF HOURS				Days Absent: _____	Days Present: _____
		Conferencing	Observing	Teaching <sup>2</sup>	Other		
		Total Hours Spent:					

3. 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.

4. 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 \_\_\_\_\_