

TCH 216 – Clinical Experience Activity Log

Student Name:			TCH Instructor:	
Cooperating Teacher:			Clinical Lab Time:	
Class / Subject:			Classroom:	
DATE	Time In	Time Out	Activity	Signature
	1:15	3:15	Orientation	
			CT's classroom	
			PD Session or with CT	
			PD Session or with CT	
			PD Session or with CT	
			Outside Observation	
			Outside Observation	
			Outside Observation	
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**Fill in columns with relevant information and complete each activity BEFORE asking for signature.*

