

Field Experience Activity Record (Full Intern)

Teacher Candidate _____ Major _____
 (Print First and Last Name)

Clinical Faculty _____ Placement Grade/Subject _____
 (Print First and Last Name)

School Site _____ District _____

Monday	Tuesday	Wednesday	Thursday	Friday
Date: _____ Codes: _____	Date: _____ Codes: _____	Date: _____ Codes: _____	Date: _____ Codes: _____	Date: _____ Codes: _____
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Days Present _____	MG Meet and Greet O Observing T Teaching OP Observe Peer AT Assisting Clinical Faculty	C Conference with Mentor CC Conference with Coordinator CS Conference with Student CP Conference with Parent SU Seminar at University	PM Professional Meeting H Host school Holiday PR Preparation Period A Absent OT Other
Days Absent _____			

 Clinical Faculty Signature Date

 Teacher Candidate Signature Date