EDFN 595: PRE-ADMISSION TEACHING PRACTICUM

Time Log

BHSU Student Name	Semester/Year		
School	District		
Clinical Educator	Grade Level/Subject		

You must fill out all information in the table below and have your K-12 clinical educator sign off on each visit, as well as at the bottom of the page verifying your total hours. You fill in the information; the clinical educator simply verifies the times and signs his/her name.

Date	Time	Time Finished	Total Hours	K-12 Clinical Educator
	Arrived	Finisned	Completed	Signature

I verify that the above-named BHSU student has completed _____ hours under my supervision.

K-12 Clinical Educator Signature