STUDENT NAME:				
Student Teaching Clinical Experience Teacher Signature Log				
TO THE TEACHER: When a student teacher from PHYSICS 353 (Student Teaching Seminar) visits with you to conduct a clinical activity, please sign off in the appropriate location below. Your signature merely indicates that the student was present in your classroom or office for length of time indicated on the date in question. TO THE STUDENT TEACHER: It is your responsibility to document your Student Teaching clinical				
experiences for PHYSICS 353. This includes, but is not limited to, obtaining signatures from cooperating teachers/school personnel each time you make an observation or conduct an interview.				
Basis of Observation	Duration	Date	School	Teacher Signature