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# Practicum Log

**Student teachers: please complete this form to document your hours for the full time, full semester practicum, and return it to your supervisor at the end of the semester.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Week** | **Dates** | **Assisting** | **Full Responsibility** | **Total Hours** |
| Week 1 |  |  |  |  |
| Week 2 |  |  |  |  |
| Week 3 |  |  |  |  |
| Week 4 |  |  |  |  |
| Week 5 |  |  |  |  |
| Week 6 |  |  |  |  |
| Week 7 |  |  |  |  |
| Week 8 |  |  |  |  |
| Week 9 |  |  |  |  |
| Week 10 |  |  |  |  |
| Week 11 |  |  |  |  |
| Week 12 |  |  |  |  |
| Week 13 |  |  |  |  |
| Week 14 |  |  |  |  |

Semester: Grade Level:

Supervising Practitioner’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Lesley Program Supervisor’s Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_