Clinical Experience Teacher Signature Log

TO THE TEACHER: Each time a student from PHYSICS 209 (Introduction to Teaching High School Physics) attends your class to conduct a clinical observation, please sign off in the appropriate location below. Your signature merely indicates that the student was present in your classroom for length of time indicated on the date in question.

TO THE STUDENT: It is your responsibility to document your clinical experiences for PHYSICS 209. This includes, but is not limited to, obtaining signatures from cooperating teachers each time you make an observation.

Basis of Observation	Duration	Date	School	Teacher Signature