LOG SHEET

Intern's Name _____ Cooperating Teacher _____ Placement _____

PLEASE KEEP THIS LOG IN A PLACE THAT IS ACCESSIBLE TO THE SUPERVISOR OF INTERNS FOR ON-SITE REVIEW.
Interns must turn in completed logs to their Clinical Faculty Supervisor

DATE	*TIME*	*DAILY TOTAL*	*MAJOR ACTIVITY*	*TOTAL HRS. at this Point*	*INITIALS*

END OF SEMESTER VERIFICATION _____ DATE _____
(Signature of Cooperating Teacher)