

Student Teacher/Intern Observation Log Pacific Lutheran University School of Education and Movement Studies
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STUDENT'S NAME: _____
PROGRAM: _____ **TERM:** _____
SCHOOL: _____ **PHONE:** _____
TEACHER(S): _____
ENDORSEMENT(S): _____
SUPERVISOR: _____

	DATES	HOURS/MINUTES	COMMENTS (Optional)
1.	_____	/	_____
2.	_____	/	_____
3.	_____	/	_____
4.	_____	/	_____
5.	_____	/	_____
6.	_____	/	_____
7.	_____	/	_____
8.	_____	/	_____
9.	_____	/	_____
10.	_____	/	_____
TOTAL TIME _____ / _____			