



OBSERVATION/PARTICIPATION VERIFICATION  
PRE-TEACHER CANDIDACY CLINICAL EXPERIENCE

OBS #2

Student Name: \_\_\_\_\_  
last first middle

EDU Course No. \_\_\_\_\_ Course Title \_\_\_\_\_

Dates of Observation: \_\_\_\_\_ (first date) to \_\_\_\_\_ (last date)  
(as taken from the log form)

Field Sites (Schools)	Hours at each site	Signatures of Cooperating Teachers
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total Hrs.	_____	

\_\_\_\_\_  
signature of student date signature of EDU Professor date

Are you claiming any of these hours for multicultural hours? yes no \_\_\_\_\_ # of MC hours claimed  
\_\_\_\_\_ # of MC hours approved

**Accumulating Multicultural Hours:** For purposes of clarity, those clinical hours which also count as multicultural hours must be identified on this form and must be accompanied by a reflection indicating insights, learned experiences and personal assessments of attitudes gained through this experience. This reflection must be labeled with the following heading: **Multicultural Reflection** followed by the number of requested hours. This reflection is reviewed by the course professor and Director of Teacher Education.

\_\_\_\_\_  
Director Initials

**DIRECTIONS:** Complete one form for each observation requirement. No more than three (3) different sites should be used to fulfill one (1) requirement. Obtain signatures on the last date of observation at the respective site. (Use a yellow log form to list dates, time and places which substantiate the summarized information on this form.) Write a summary and reflection of this overall experience. Submit this summarization/reflection in a TYPED format on the back of this sheet or on an attached sheet.