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| **Phone Contact** | **Face-to-Face** | **E-Mail Contact** | **Pre-Conference** | **Observation 1** | **Observation 2** | **Observation 3** | **Post Conference** | **DATE** |  | **CLINICAL TEACHER /**  **FIELD SUPERVISOR LOG** |
| **Clinical Teacher’s Name:**  Click or tap here to enter text. |
|  |  |  |  |  |  |  |  |  | Notes: |  |
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Field Supervisor Signature and Date Clinical Teacher Signature and Date Rev 8/20/20