|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |  |
|  |  |  |  |  |  |  |  |  | Notes: |  |
|  |  |  |  |  |  |  |  |  | Notes: |  |
|  |  |  |  |  |  |  |  |  | Notes: |  |
|  |  |  |  |  |  |  |  |  | Notes: |  |
|  |  |  |  |  |  |  |  |  | Notes: |  |
|  |  |  |  |  |  |  |  |  | Notes: |  |
|  |  |  |  |  |  |  |  |  | Notes: |  |
|  |  |  |  |  |  |  |  |  | Notes: |  |
|  |  |  |  |  |  |  |  |  | Notes: |  |

Field Supervisor Signature and Date Clinical Teacher Signature and Date Rev 8/20/20