

Phone Contact	Face-to-Face	E-Mail Contact	Pre-Conference	Observation 1	Observation 2	Observation 3	Post Conference	DATE		CLINICAL TEACHER / FIELD SUPERVISOR LOG
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Notes:	Clinical Teacher's Name: _____
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Field Supervisor Signature and Date

Clinical Teacher Signature and Date

Rev 8/20/20