



Clinical Practice Time Log

Clinical Practice Time/Activity Log Directions:

Congratulations on your advancement to the final stage of your degree program: Clinical Practice. We are dedicated to supporting you through this process and to promote a positive and productive clinical practice experience.

The purpose of clinical practice experiences is to help prepare innovative, reflective and creative, professional educators with high ethical and moral standards who have the understanding, attitudes and skills necessary for effective teaching. Please note that your clinical practice experience (student teaching) will be a full time/full day experience Monday-Friday. Teacher candidates must document 16 weeks/ a minimum of 75 classroom days in the clinical practice placement. During this time the teacher candidate is also enrolled in seminar coursework. The clinical practice experience is a professional commitment that must be taken seriously.

Please be mindful of the following guidelines when completing the Clinical Practice Time/Activity Log:

- Fill out the Clinical Practice Time/Activity Log in entirety including:
 - Teacher Candidate full name and ID number
 - GCU Program and placement information
 - Name of the Cooperating Teacher and GCU Supervisor
 - Use the key to document each day in the time period.
 - Dates for made up time
- Print clearly or type. The signatures required at the bottom of the form may NOT be typed.
- The Clinical Practice Time/Activity Log must be submitted into Taskstream as a separate attachment from the site evaluations.
- Do not take a picture of the log. The GCU Site Supervisor will scan and upload the log as a document into Taskstream at site visit 2 and 4.

The data entered into the Clinical Practice Time/Activity Log may be audited for accuracy by a College of Education Representative.

Falsifying information is a form of Academic Dishonesty and is in direct violation of GCU's Code of Conduct Policy.



Clinical Practice Time Log

EXAMPLE



Clinical Practice Time Log

STUDENT NAME (Last, First, Middle): Lope, Susy C.					STUDENT ID: 330033					
PROGRAM OF STUDY: Bachelor of Science in Elementary Education & Special Education										
PLACEMENT INFORMATION DISTRICT: Grand Canyon Elementary School District					START DATE: August 11, 2014					
SCHOOL: Grand Canyon Elementary					COOPERATING TEACHER NAME: Mrs. Smith					
GRADE: 1 st					GCU SUPERVISOR NAME: Mr. Davis					
Key	WEEKS									
<i>X = student contact or teacher contract days</i> <i>IW = inclement weather DH = district holiday</i> <i>IL = illness O = Other</i>	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Week 9	Week 10
Dates	8/11/14 - 8/15/14	8/18/14 - 8/22/14	8/15/14 - 8/29/14	9/1/14 - 9/5/14	9/8/14 - 9/12/14	9/15/14 - 9/19/14	9/22/14 - 9/26/14	9/29/14 - 10/3/14	10/6/14 - 10/8/14	
Monday	X	X	X	DH	X	X	X	X	X	
Tuesday	X	X	IL	X	X	X	X	X	X	
Wednesday	X	X	X	X	X	X	X	X	X	
Thursday	X	X	X	X	X	X	X	X		
Friday	X	X	X	X	X	X	O	X		
Days to be made-up (inclement weather, district holidays, illnesses, or other absence)	0	0	1	1	0	0	1	0	0	
Cooperating Teacher's Initials	MS	MS	MS	MS	MS	MS	MS	MS	MS	

I hereby certify that the above mentioned GCU Teacher Candidate has completed the required weeks of Clinical Practice (Student Teaching) for Session A/B:

Cooperating Teacher Signature: Mrs. Mary Smith Date: Oct. 8, 2014
 Teacher Candidate Signature: Susy Lope Date: 10/8/14
 GCU Site Supervisor Signature: Mr. David Davis Date: Oct. 8, 2014

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PROGRAM OF STUDY:											
PLACEMENT INFORMATION DISTRICT:					START DATE:						
SCHOOL:					COOPERATING TEACHER NAME:						
GRADE:					GCU SUPERVISOR NAME:						
Key		WEEKS									
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Dates											
Monday											
Tuesday											
Wednesday											
Thursday											
Friday											
Days to be made-up (<i>inclement weather, district holidays, illnesses, or other</i>)											
Cooperating Teacher's Initials											

I hereby certify that the above mentioned GCU Teacher Candidate has completed the required weeks of Clinical Practice (Student Teaching) for Session A/B:

Cooperating Teacher Signature: _____ Date: _____

Teacher Candidate Signature: _____ Date: _____

GCU Site Supervisor Signature: _____ Date: _____