Activity Log—Experience with Cooperating Teacher B p. ___

Name: _____

School: _____ School Phone Number: _____

Cooperating Teacher's Name: _____ Grade level: _____

Date	Time Span	Observing		Admin Tasks		Participating		
		Act. (min)	Daily Total	Act. (min)	Daily Total	Act. (min)	Daily Total	ACTIVITY
	Page totals							Teacher's Initials: