

CAL POLY HUMBOLDT

School of Education, Secondary Education Credential Program

Clinical Practice Log

Candidate Name:

Date:

Supervisor Name:

Class/Grade:

Mentor Name:

School:

Contact #:

Observation Summary:

Attach Additional Notes (if needed)

Feedback Summary: *please make specific references to TPEs*

Action Items: *goals for further development, make references to TPEs if applicable*

Feedback received by candidate: _____