DEHS-UTHSCSA
PREPARATION FOR NON-BACKGROUND APPLICANTS

Classroom Observation Log

(Use one log per **teacher** observed.)

Name: _____ HSC I.D. #: _____

Name of Teacher Observed*: _____ Date: _____

School District: _____ Campus: _____

Campus Phone: _____ Grade: _____

☐ Regular Educ. ☐ Special Educ. _____ (Exceptionality) ☐ self-contained ☐ resource ☐ CMC ☐ itinerant

Date	**Time(s)**	**Signature of Teacher***

(For past activities, you may list inclusive dates such as 8/02 through 5/03,various times, Undergraduate Practicum, supervised by Dr. X. Total hours=25)

Total Number of Hours: _____

Signature of Graduate Applicant **Date**

Validation by DEHS Program Director **Date**

* If you have the opportunity to teach a lesson, sign your own name beside the teacher's name.

06/07am