



ATTENDANCE AND PARTICIPATION LOG

Name of Student Teacher: _____

Name of Cooperating School: _____

Date of Practicum: _____

Name of Cooperating Teacher: _____

N.B. The first day of the Field Visit should be used for general observation and relevant documentation of the school and its environment, in addition to classroom procedures.

ACTIVITY	DAY 1		DAY 2		DAY 3		DAY 4		DAY 5	
	DESCRIPTION	DURATION	DESCRIPTION	DURATION	DESCRIPTION	DURATION	DESCRIPTION	DURATION	DESCRIPTION	DURATION
Observation										
Teaching										
Other Activity (e.g. clubs)										
Initials of Cooperating Teacher										

Reflective Comments: _____

Signature: _____

Student Teacher

Signature: _____

Cooperating Teacher

Authorised Signature/School Stamp

