**STUDENT TEACHING/INTERNSHIP 12-HOUR DOCUMENTATION**

Student Name WSU ID

Semester/Year Fall Spring Year

**Student Teaching/Internship**: Grade/Subject

Mentor Teacher Principal

School Name City State

School District WSU Supervisor

**Twelve (12) Hours\* of Observation & Conference Documentation**

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| Date | Subject/Notes | Observ Time | Conf Time | Total |
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**TOTAL TIME**

**Field Supervisor Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_**