

# Center for Clinical Experiences (CCE) Attendance Record

Pre-Student Teaching

To be completed by the CMU Student:

CMU Student Name:	Student #:
Date:	CMU Course:
Host Name:	School:

**Each time** you visit your host school, record the information requested in the space below. This form must be turned in with your final evaluation in order to receive credit for your Clinical Experience.

***You are making 4 copies - please press hard.***

#	Date:	Start Time:	End Time:	Office Use:	Activity: <small>(help individuals with classwork, create teaching aids-bulletin boards, assist host with review, walk children to specials, supervise lunchroom or recess, teach lesson, etc.)</small>	Host Initials:
1.						
2.						
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23.						
24.						
25.						
<b>Total</b>						

**Host Teacher's Signature:** \_\_\_\_\_  
**CMU Student Signature:** \_\_\_\_\_  
**CMU Faculty/Staff:** \_\_\_\_\_  
(Course Instructor/Director of CCE/CCE Coordinator)

This form has been modified to log the time the CMU student spends in the host's classroom. An additional copy has been added for the Host Teacher's record and can be used for SCECH's.