

SECONDARY FIELD/CLINICAL REPORTING FORM

Name _____ X.U. Course Number _____

Visited School _____ Grade/Level _____

Field hours completed on this sheet _____ Total hours completed at this school _____

Date	Time	Brief Description of the Activity

*Cooperating teacher's brief comments concerning the Xavier student's performance:
(Please comment on punctuality, appearance, rapport with pupils, preparation, etc.)*

Teacher's Signature _____ please print your name _____

Student's Signature _____ Professor's Initials _____