CLINICAL EXPERIENCE RECORD

Eastern Illinois University
Department of Student Teaching and Clinical Experiences
600 Lincoln Avenue, Charleston, IL 61920
217-581-2620 (fax) 217-581-2518
http://www.eiu.edu/~clinical

Participant's Name: _____ E #_____

EIU Course _____ EIU Instructor: _____ Semester: _____ Total # of Hours:_____

Signature of EIU Instructor when clinical experience is completed: _____

DATE OF VISIT	NAME OF SCHOOL	DESCRIPTION OF ACTIVITY	TIME SPENT	SIGNATURE OF SCHOOL SUPERVISOR