WALDORF UNIVERSITY Education Department

Clinical Experience Log

College	e Student's	Name:		1	Semester/Year:
Course	Number:			Course Name:	
Actual		l Time	Total		
Date	In	Out	Time	Types of Activities	School/Classrooms
			1	+	
			1		
			1		
	1		1		
			1		
				TOTAL TIME (Hours & Minutes):	

Initials of	
Teacher	
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