

**Intern Name:**

**Week of:**

**NOTRE DAME OF MARYLAND UNIVERSITY  
OBSERVATION AND STUDENT TEACHING TIMESHEET**

Click here to enter text. **SCHOOL YEAR**

The purpose of this log is to document and reflect upon the variety of experiences in which an intern engages and to record the number of observation and student teaching days during the overall internship.

**Interns should:**

- Complete one timesheet per week for each placement. Upload/submit one timesheet per week on Canvas.
- Complete the date at the head of the column
- Indicate by placing an X next to each activity in which you engaged
- Complete the reflection area on the second page and review with your mentor on a weekly basis.
- Obtain the signature of the mentor teacher weekly, Supervisor will review each week and provide feedback in Canvas

**\* MODEL**

<b><u>EXPERIENCE</u></b>	<b>8/27*</b>					
Inquire about school procedures	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe/Talk with members of the school community (e.g. counselors, related service providers, cafeteria staff, support staff, custodial staff)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist/provide intervention to struggling students		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in/ host a coach class, lunch bunch, club, and/or other non-instructional activities with students to build relationships		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with arrival/dismissal/bus duty		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consult the library media specialist and/or STAT teacher	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consult with related service providers (SLP, psychologist, etc.)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Consult with the ELD teacher regarding supporting MLLs		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in a field trip (if planned)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Read or present a story/article/text to the class		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Participate in the development of an IEP or BIP		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend IEP team mtg (with permission if non-employed)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe teachers outside your discipline		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Review/consult school system curriculum guides	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist with assessing assignments or designing assessments		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend team/grade/dept meetings	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prepare communication to parents		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Learn the grade recording system	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe and/or engage in the preparation of report cards		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend a parent conference		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend a school or community event/activity outside the school day		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attend a faculty meeting and/or professional development		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Assist/teach small groups	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop/present warm-up activity		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Observe or integrate AT and/or collaborate with related service provider		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach 1 – 2 classes/subjects daily		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Teach 3 or more classes/subjects daily		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Met w/ mentor to plan/discuss instruction (daily experience for traditional interns)	X	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Continue to the reflection portion on the next page.**

**Intern Name:**

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**Reflection:** Reflect and complete the prompts below at the end of each week.

**What obstacles did I face this week in the classroom? Outside of the classroom? What success did I have?** You can consider your actual instruction, classroom management, or dealings with administration, colleagues, or parents.

**What obstacles and successes did I have in regards to lesson planning?** You can consider, but are not limited to: Objective writing, student-centered activities, expectations for students, student engagement, learning materials, and lesson delivery

**What feedback did I receive this week? What insights did I learn from my mentor this week that I can utilize for future practice?**

Intern Signature:

Date:

Mentor Signature:

Date: