SPECIAL EDCUATION CLINICAL LOG FORM

LOYOLA UNIVERSITY CHICAGO
SCHOOL OF EDUCATION
Chicago, IL 60611

Student _____ Loyola ID # _____
Last First M.I.

Undergraduate ☐ Graduate ☐ Certified Teacher ☐ Grade Level_____

Age/Grade level (dates/semester)	Setting: Inclusion, Resource, Self-Contained/Students Served	Activities/Services Provided	Total Number of Hours