

EDMX 673 / EDMX 674 EDUCATION SPECIALIST INTERNSHIP WEEKLY PROFESSIONAL COLLABORATION LOG

This log is designed to document collaborative activities among the Education Specialist Intern (I), Intern Support Provider (SP), and University Supervisor (US) to guide the Intern to successful Teacher Performance Expectation (TPE) and Professional Dispositional (PD) performance through observations, coaching meetings, written feedback, and relevant activities, interactions, and communications. The log shall be confidentially maintained (in digital or hard copy format) and accessible to all parties throughout the internship. Log entries are completed, reviewed, and signed by the Intern, Intern Support Provider, and by the University Supervisor (wet signatures are required). The completed log is collected by the US (in hardcopy AND digital format) at the completion of the internship.

Intern (Name):

Support Provider (Name):

University Supervisor (Name):

	<p>Intern Responsibilities: Sign in/out on campus daily. By week, note the dates & days of Internship (e.g., Nov. 14th – 18th). Document activities (e.g., planning for instruction, instruction, formal/informal assessment, IEP involvement, co-teaching, meetings, collaborating with staff, other work duties) guided/directed by the SP.</p>	<p>Support Provider Responsibilities: Guide the Intern's TPE and PD growth. Document collaborative activities (e.g. modeling, formal and informal observations, coaching and feedback meetings) supporting the Intern's progress in planning, instruction, assessment, IEP & family involvement, PD, & TPE achievement.</p>	<p>University Supervisor Responsibilities: Orient Intern and SP to log and use. Sign in/out each campus visit. Review log entries since last visit. Document observations, meetings, and other activities with the Intern and SP regarding the Intern's PDs & progress toward TPE achievement.</p>
Week & Days	Intern Directions: Briefly list/describe clinical activities as suggested above and TPE foci during this time period.	Support Provider Directions: CHECK ALL collaboration that occurs during the designated time period. Document weekly reflective and planning meetings and 4 formal observations. (min. 2 hours of support per week)	University Supervisor Directions: Document initial orientation, a minimum of 4 formal observations, the post-observation conferences, exit meeting, and additional communications by week. (min. 2 hours of support per week)
		<input type="checkbox"/> Informal Observation(s) of: _____ (Activities, TPEs) <input type="checkbox"/> Formal Observation of: _____ (Activities, TPEs) <input type="checkbox"/> Meeting(s) re: _____ (Topics, TPEs) <input type="checkbox"/> Modeling/Coaching re: _____ (Activities, TPEs) <input type="checkbox"/> Other (Briefly describe):	<input type="checkbox"/> Observation of: _____ (Note Activities, TPEs) <input type="checkbox"/> Conference w/Intern re: _____ <input type="checkbox"/> Met with SP _____ (Activities, TPEs) <input type="checkbox"/> Phone, e-mail, other communications: _____ (Activities)

Intern (Name):		Support Provider (Name):	University Supervisor (Name):
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Intern Name: _____ Intern Signature: _____ Date: _____

Intern Support Provider Name: _____ Intern Support Provider Signature: _____ Date: _____

University Supervisor Name: _____ University Supervisor Signature: _____ Date: _____