



sheet \_\_\_\_ of \_\_\_\_

**XAVIER UNIVERSITY**  
**DEPARTMENT OF SECONDARY AND SPECIAL EDUCATION**

## FIELD/CLINICAL REPORTING FORM

Name \_\_\_\_\_ X.U. Course Number \_\_\_\_\_

Visited School \_\_\_\_\_ Grade/Level \_\_\_\_\_

Field hours completed on this sheet \_\_\_\_\_ Total hours completed at this school \_\_\_\_\_

Date	Time	Brief Description of the Activity

*Cooperating teacher's brief comments concerning the Xavier student's performance:  
(Please comment on punctuality, appearance, rapport with pupils, preparation, etc.)*

Teacher's Signature \_\_\_\_\_ please print your name \_\_\_\_\_

Student's Signature \_\_\_\_\_ Professor's Initials \_\_\_\_\_