

SUPERVISION LOG

Teacher Candidate: _____
Student Type: _____

Student Email: _____
Student Phone: _____

At the end of the semester, submit this **log sheet** to the Educator Certification Office by mail in the envelopes provided, or scan and send by email.

Mailing Address
Educator Certification Office
College of Education, C128
University of Nebraska at Kearney
1615 W. 24th Street, Kearney NE 68849

Email Address
stuteach@unk.edu

Observations

Date	Time	Teaching Activity

University Supervisor’s Signature: _____ Date: _____