

<u>Date</u>	<u>Task</u>	<u>Time</u>	<u>Signature</u>
_____	Observe / Teach	_____	_____
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_____	Observe/ Teach	_____	_____

**\*\*Clinical Teachers:** Please sign and date the above observation periods of this teacher candidate.

I, Yolanda D. Penn verify that teacher candidate Robert Smith has completed the required **30 hours** of observation/teaching required to fulfill the observation portion of HPE 369. Signature:

Yolanda D. Penn