

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

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

I, Volanda 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:

