

COUNCIL ON TEACHER EDUCATION

Cooperating Educator Professional Growth Log

Complete this form and submit it to <u>uic_cte@uic.edu</u>. Retain a copy of this form for 6 years for ISBE auditing purposes.

Name:		Optional: Previous Name(s):			
IEIN:	Email:	Semester & Year of Service:			
Host School:					
UIC Teacher Candidate(s) Name(s):					

Activity resulting in your own professional growth	Start Date MM/DD/YY	End Date MM/DD/YY	Time Start	Time End
			Start	End

Total Hours:

Cooperating Educator Signature:

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