



COUNCIL ON TEACHER EDUCATION

Cooperating Educator Professional Growth Log

Complete this form and submit it to uic_cte@uic.edu. 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

Total Hours: _____

Cooperating Educator
Signature: _____