



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: | | |
| Teacher Candidate(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: _____