

**Professional Development Council
Cooperating Teacher
Log**

Teacher Name _____

School Year _____

School _____

Contact Hours							
Week of		Hours					
Month	Date	M	Tu	W	Th	F	Total
choose month							
choose month							
choose month							
choose month							
choose month							
choose month							
choose month							
choose month							
choose month							
choose month							
choose month							
choose month							
choose month							
choose month							
choose month							
Final Total							

Teacher Signature _____

Date _____

Principal Signature _____

Date _____

<p>PDC Approval _____</p> <p>Pts Awarded _____</p>
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