# Educational Leadership Clinical Log and Reflections

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| --- | --- |
| Name: |  |
| Semester/Year: |  |
| Contact Information: |  |

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| **Log/Record of Clinical Activities Completed for Each Course:** (check one max. two): | **Total # of Clock Hours** |
| EPLS:6400 Early Childhood Leadership Clinical |  |
| EPLS:6401 Elementary Leadership Clinical |  |
| EPLS:6402 Secondary Leadership Clinical |  |
| EPLS:6403 Special Education Leadership Clinical |  |

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| **Date** | **Brief Description of the Activity and**  **Your Level of Involvement** | **# of Hours** | **ISSL Standard** |
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NOTE: Continue expanding the grid as needed so that you include all of your clinical activities and reflections.

Weekly Reflections

Week 1:

Week 2:

Week 3:

Week 4:

Week 5:

Week 6:

Week 7:

Week 8:

Week 9:

Week 10:

Week 11:

Week 12:

Week 13:

Week 14:

**Final Thoughts, Observations, Reflections, etc.**