**NATIONAL-LOUIS UNIVERSITY**

**NATIONAL COLLEGE OF EDUCATION**

**PRECLINICAL EXPERIENCE LOG**

**Information Sheet**

**PURPOSE**

Preclinical hours are required by the State of Illinois for Teacher Certification. This form is designed to more easily track and record preclinical hours for each course connected to a field experience.

**RECORDING INFORMATION**

Begin the term by completing the student information section (i.e., Student Name, NLU ID#, Course Name and Number, etc.). During the term all preclinical field experiences should be recorded as they occur, using the code system provided. By the end of the term, all information on both sides of the log form must be completed.

**USING THE CODE SYSTEM**

For certification, the Illinois State Board of education requires detailed information on all aspects of each preclinical field experience. All columns of the preclinical log must be accurately completed. More than one code may apply for each column. Questions concerning specific category codes should be directed to the course instructor.

**SIGNING/SUBMITTING THE LOG FORMS**

Students are responsible for obtaining appropriate signatures for each preclinical experience. At the end of the term, after the hours are coded, **THE LOG MUST BE SIGNED BY THE COURSE INSTRUCTOR AND RETURNED TO THE STUDENT.**

IT IS THE **STUDENT’S RESPONSIBILITY** TO KEEP ALL **ORIGINAL** COMPLETED PRECLINICAL LOGS UNTIL: Bachelor of Arts students submit their original completed logs with their application packet to the National College of Education. Master of Arts in Teaching students submit their original completed logs at least 30 days prior to student teaching to their advisor. Special Education graduate students must submit their **original** completed logs to the program coordinator after completion of all nine graduate courses or when applying for the Practicum.

**STUDENTS MUST MAKE AND KEEP A PHOTOCOPY OF**

**ALL LOG FORMS**

**FOR THEIR OWN FILES BEFORE SUBMISSION OF THE**

**ORIGINAL LOGS AT THE STUDENT TEACHING SEMINAR.**

11/09

**FIELD EXPERIENCE SEMINARS**

ASSIGNMENT TO SEMINAR IS BASED ON

GEOGRAPHIC REGION CHOSEN FOR PLACEMENT

Students will be placed in a school in the regions they have chosen if possible. Those not accepted in the region requested will be submitted to a nearby district. Students may not request a specific district or school.

**SPECIAL EDUCATION STUDENTS…………………………………………………………...**

All student teaching seminars are on the Wheeling Campus (unless otherwise noted).

Requests for exceptions to these policies must be made in writing to the Program Coordinator of Special Education. Exceptions will be approved ONLY for very extraordinary circumstances.

**11/09**

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**PRECLINICAL EXPERIENCE LOG**

Preclinical hours are required by the State of Illinois for Teacher Certification.

All logged hours must be submitted with appropriate instruction and school agency signatures

to the designated program circled below.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Total Preclinical Hours for this Course: \_\_\_\_\_\_\_\_\_\_\_

NLU I.D. Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Program: Early Childhood Elementary Special Education Course Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Circle One)

Degree: B.A. M.A.T. M.Ed C.A.S. Term: Fall Winter Spring Summer 20\_\_\_\_\_\_

(Circle One) (Circle One)

Home Campus: \_\_\_\_\_\_\_\_\_\_ Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \*Instructor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**All original forms must be signed by the course instructor and returned to the student.**

**The student is responsible for this form.**

**\*Advisors signature acceptable only for preclinical hours not connected to a course.**

Please complete a survey of this log at the finish of your course on:

[**http://www.surveymonkey.com/s/NLUSPEexlog1**](http://www.surveymonkey.com/s/NLUSPEexlog1)

LEVEL AREA SCHOOL PROGRAM CONTENT CATEGORY SIZE SPE Challenges

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Infants/Toddler** | **Rural** | **Community Agency** | **Home** | **All Areas** | **Bilingual** | **Individual** | **Autism** |
| **Preprimary** | **Suburban** | **Private** | **Inclusive Classroom** | **Foreign Language** | **Culturally Diverse** | **Small Group** | **Cognitive Disability** |
| **Primary** | **Urban** | **Parochial** | **Laboratory** | **Language Arts** | **English as a Second Lang.** | **Large Group** | **Deaf/blindness** |
| **Intermediate** |  | **Public** | **Mainstreamed Reg. Class** | **Mathematics** | **Gifted** | **Whole Group** | **Deafness** |
| **Middle School** |  |  | **Regular Classroom** | **Reading** | **Special Education** |  | **Emotional Disability** |
| **High School** |  |  | **Resource Room** | **Science** |  |  | **Hearing Impairment** |
| **Secondary/ Transition** |  |  | **Self Contained** | **Social Studies** |  |  | **Multiple Disabilities** |
|  |  |  | Other | Other |  |  | **Orthopedic Impairment** |
|  |  |  |  |  |  |  | **Other Health Impairment** |
|  |  |  |  |  |  |  | **Specific Learning Disability** |
|  |  |  |  |  |  |  | **Speech-Language Impairment** |
|  |  |  |  |  |  |  | **Traumatic Brain**  **Injury** |
|  |  |  |  |  |  |  | **Visual Impairment** |

**1/2011**

**Please use the CODE SYSTEM NATIONAL-LOUIS UNIVERSITY**

**at the bottom of the page. NATIONAL COLLEGE OF EDUCATION**

**PRECLINICAL EXPERIENCE LOG**

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NLU ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date | Hours  Completed | School/Agency Name  & Location | Level | Geogr Area | School  Type | Program | Content Area | Spec Ed **Area of Learning Chall.** | Category | Group Size | School/Agency  Signature |
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**TOTAL HOURS \_\_\_\_\_\_\_\_\_\_\_\_\_ for this log.**

**CODE SYSTEM TO DESCRIBE EXPERIENCE**

**LEVEL**: Specify grade **GEOGRAPHIC AREA**: **SCHOOL TYPE:** **CATEGORY:** **GROUP SIZE:**

I/T – Infants/Toddler R – Rural CA – Community Agency BL – Bilingual I – Individual

PP – Preprimary S – Suburban PRI – Private CD – Culturally Diverse SG – Small Group

P – Primary U – Urban PRO – Parochial ESL – English as a Second Language LG – Large Group

I – Intermediate PUB – Public GF – Gifted WG – Whole Group

M- Middle School SPE – Special Education: Specify Learning Challenge below-

H- High School

S/T- Secondary/ Transition **PROGRAM:** **CONTENT AREA:** **SPECIAL EDUCATION AREAS OF LEARNING CHALLENGE:**

H – Home AA – All Areas A – Autism OI - Orthopedic Impairment

IC – Inclusive Classroom FL – Foreign Language CD – Cognitive Disability OHI – Other Health Impairment

L – Laboratory LA – Language Arts D/B – Deaf-blindness SLD – Specific Learning Disability

MRC – Mainstreamed Reg. Class. M – Mathematics D – Deafness SPL – Speech-Language Impairment

RC – Regular Classroom R – Reading ED – Emotional Disability TBI – Traumatic Brain Injury RR – Resource Room SCI – Science HI – Hearing Impairment VI – Visual Impairment

SC – Self-Contained SS – Social Studies MD – Multiple Disabilities

11/09