School Attachment Logbook

Name of Student teacher: .....

Registration Number: .....Combination:.....

Hosting School: .....District:.....Sector:.....

Week:.....(e.g. 1, 2, 3,.....) .....Dates: from...../...../..... to ...../...../.....

Days/Date	**Area of Professional Experience** (teaching, involvement in curricular & extra-curricular) Collaboration with school community)	**Activity done**	**Description of Activity**	**Duration (Hours)**
Monday ..../...../.....		1. 2. 3.		
Tuesday ..../...../.....		1. 2. 3.		
Wednesday ..../...../.....		1. 2. 3.		
Thursday ..../...../.....		1. 2. 3.		
Friday ..../...../.....		1. 2. 3.		
Remark (by school attachment mentor)				

Student-teacher's Name: .....Signature:.....Date:...../...../.....

Mentor's Name: .....Signature:.....Date: ...../...../.....