ARTIFACT ENTRY FORM
Special Education Internship
Summary of Placement, Supervisors, Hours, and Final Grade

Student Teacher/Intern: ___________________________________________________

School Where Internship Occurred (Not GMU): _______________________________________

☐ Spring ☐ Fall Yr: ______

Subject(s)/Level(s): ____________________________________________________________

License: ___________________ Endorsement: ______________________
(Examples: Special Education + Endorsement: Learning Disabilities/Emotional Disabilities, Mental Retardation or Severe Disabilities)

Evaluator: ______________________

End-of-Semester Grade: ______ (Grading Scale: S = Satisfactory, NC = No Credit, IP = In Progress)

Site (1): ______________________ School Division: ________________

Site (2): ______________________

☐ Cooperating Teacher or

☐ Clinical Faculty (1): ________________ Grade/Subject(s): ________________

☐ Cooperating Teacher or

☐ Clinical Faculty (2): ________________ Grade/Subject(s): ________________

University Supervisor: ___________________________________________

Totals from Log Sheets:

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<th>Grand Total</th>
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