

Field Experience Activity Plan/Reflection

Candidate Name:

Academic Year:

COLLABORATIVE PLAN

Activity:	TLS Standard & Indicator: (Standard & indicator the activity addresses)
Describe the role of the candidate, school advisor, and mentor in planning and execution of the activity:	
Who will be involved in activity:	
Date/Dates:	
Please describe the intended result or product that will be produced:	
Mentor approval/signature:	
Date:	

FOLLOWING ACTIVITY COMPLETION

A reflection is required when each activity is completed that includes the actual number of hours required to complete the activity
Hours:
Reflection: (May extend to a second sheet.)