Section I (To be completed by professional being observed)
Location: __________________________________________
Address: __________________________________________ Telephone # __________________
Date: _____ Beginning Time: ______ Ending Time: ______ Total Hours: __________
Activity Observed/Participated: ____________________________________________________________
(Please Be Specific)

Section II – (To Be Completed by Professional Being Observed)

# of Students Who Are:
___ White  ___ African American  ___ Hispanic  ___ Native American  ___ Multi-Racial
___ Hawaiian/Pacific Islander  ___ Race Unknown  ___ English Language Learners
___ Gifted Students  ___ IEP Students
Students from different socioeconomic groups □ yes  □ no

Location (check all that apply):
☐ Elementary  ☐ Middle School  ☐ High School
☐ Family Resource Center  ☐ Youth Services Center  ☐ Student Tutoring
☐ School Board Meeting  ☐ School Based Council Meeting
☐ Participation in a school-based professional learning community
☐ Assisting teachers or other school professionals
☐ Other (must be pre-approved by ALC Staff) __________________ (specify) __________________ ALC staff signature

Section III - (To Be Completed by Professional Being Observed): The signature below verifies that
__________________________________ has completed the observation/experience hours listed above.

(ALC Student)

Professional: __________________________ (Printed Name) __________________________ (Signature)

Email: __________________________ Phone: __________________________
Please write a 1 page reflection over your observation/experience

_______________________              _________________________                                     ______________

ALC Student (Print)                                               ALC Student   (Signature)                                                                       Date