

Name:

dismissal from the TEXAS ACP.

## **TEXAS Alternative Certification Program**

Where becoming a teacher is as easy as...



## FIELD INTERACTIVE INSTRUCTIONAL ACTIVITY LOG

**FOR OFFICE USE ONLY** COMPLETE PACKET RECEIVED BY:					
/					
REVIEWED BY:					
Initials Date					

	*All entries must be logged in numerical order. Form #'s, dates and information MUST correlate with the individual reflection forms submitted.								
#	Date	School	Teacher	Grade	Subject/Lesson	Hours	Teacher Signature		
<u> </u>				<u>I</u>	TOTAL HOURS ON THIS FORM				

Teacher Candidate Signature:

I affirm that the information provided on this form is accurate. I understand that providing false and/or misleading information is cause for immediate

Lea	acher Candidate Signature:	Date:	Rev. 2-23-17	LMT
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