

TRACKING SHEET

Observation/Participation Experiences for SFSU Credential Candidates

Candidate Name _____ Credential Area _____ Semester _____

Course Number/Title _____ Instructor _____

Course Activities	Site	# of Hours	List Competency (Knowledge and Skill)	Verification Signature (indicates requirement met)	Check all Characteristics that differ from your current placement:
Objectives:					<input type="checkbox"/> ELL <input type="checkbox"/> Age <input type="checkbox"/> Placement <input type="checkbox"/> Language <input type="checkbox"/> Race/Eth <input type="checkbox"/> Disability
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