

Appendix K: Weekly Support Provider Contact Log

California State University Northridge Single Subject University Intern Program

Weekly Support Provider Contact Log

CSUN Support Provider _____ Intern _____ School _____ Date _____

Please use the following codes to indicate the variety of **weekly support** provided for the intern.

Use one form per month.

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| A. Meeting with intern | G. assistance on school-mandated procedures |
| B. informal observation | H. lesson planning |
| C. formal observation | I. preparation of resource materials |
| D. attend district, school or department meeting with intern/ | J. informal contact |
| E. telephone and/or e-mail communication | K. analyze student work with intern |
| F. demonstration lesson (arrange or provide) | L. other—please specify |

Date(s)	Code(s)	Notes, Comments, etc. Intern's Signature/Initials	