**SPECIAL EDUCATION INTERNSHIPS**

University of Montana

Phyllis J. Washington College of Education and Human Sciences

Contact Log for use by Mentor Teacher

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester/Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mentor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| **DATE** | **TIME** | **Topic/Outcomes** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Please make additional copies of this form as needed. If you have any questions, contact the Office of Field Experiences at 406-243-2031.

**Please return this record during the last week of the internship to:**

Office of Field Experiences

Phyllis J Washington College of Education and Human Sciences

University of Montana

Missoula, MT 59812-6336