

UNIVERSITY OF ILLINOIS
AT URBANA-CHAMPAIGN



Office of Clinical Experiences

CI 406 Observation Form – Naming Format

Supervisors:

406 OF – (student last name), (student first name) (supervisor last name) (date) (observation number)

Example:

406 OF – Marshall, Hallie Merritt 8-22-12 #1

406 OF – Marshall, Hallie Merritt 9-1-12 #2

Etc.

Cooperating Teachers:

406 OF – (student last name), (student first name) (coop last name) (date) (observation number)

Example:

406 OF – Marshall, Hallie Bragg 8-22-12 #1

406 OF – Marshall, Hallie Bragg 9-1-12 #2

Etc.

Please contact Hallie Marshall at hmarshal@illinois.edu if you have any questions!

