**Field Experience Activity Plan/Reflection**

**Candidate Name: Academic Year:**

***COLLABORATIVE PLAN***

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| Activity: | TLS Standard; (Identify the Standard the activity addresses) |
| Describe the role of the candidate, school advisor, and mentor in planning and execution of the activity: |
| Who will be involved in activity: |
| Date: |
| Number of Hours:  |
| Please describe the intended result or product that will be produced: |
| Mentor approval/signature:Date:  |

***FOLLOWING ACTIVITY COMPLETION***

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| A reflection is required when each activity is completed that includes the actual number of hours required to complete the activity |
| Hours: |
| Reflection: (May extend to a second sheet.) |