



**Completing Clinical Practice Hours for  
Special Education Dual as Second  
Certification**

**# Days/Hours Required: 20 Days/ 120 Hours**

Name of the Candidate \_\_\_\_\_ Semester \_\_\_\_\_

EMPLID # \_\_\_\_\_ Candidate's Phone # \_\_\_\_\_

School's Name, #, Address \_\_\_\_\_

School's Phone # \_\_\_\_\_ Principal's Name \_\_\_\_\_

Lehman Course \_\_\_\_\_ Lehman Faculty Member \_\_\_\_\_

Date of Work with Student(s)	Time Working with Student(s)	Grade Level Taught	Content Area	Name of Host Teacher(s)	Authorized Signature
<b>Total Hrs</b>					