

College Supervisor Mileage Log

College Supervisor Name: _____

Semester: _____

Student Teacher(s): _____

Example: 3/1/23	<i>Student Teaching Supervision</i>	<i>Home 1234 Smith Lane York PA 17402</i>	<i>Dover Elementary 109 E Canal Road Dover PA 173015</i>
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Date	Visit Purpose	FROM: *enter starting ADDRESS	TO: *enter School NAME & ADDRESS
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College Supervisor Signature: _____

****Business Office will confirm that the shortest route was utilized.**