**Drake University Education Specialist Program**

Opportunity or Problem of Practice Clinical Experience

School District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Project Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thanks for your interest and support for the Drake EDS Clinical Learning Experience. Please use this form to plan the Opportunity or Problem of Practice you have in your school district. You will work with Dr. Trent Grundmeyer, EDS Clinical Supervisor, to plan and oversee the project. Trent can be reached at [Trent.Grundmeyer@Drake.edu](mailto:Trent.Grundmeyer@Drake.edu) or (515) 205-9987.

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| **Desired Outcome(s)** | **Assessment/Project End Date** |
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| **Key Task or Need** | **Indicator of Progress/Date** |
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| **Materials Needed/Costs** | **Partners/District Stakeholders** |
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Students Assigned:

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_