

Field Experience Time Log

Student Name:	
School Name:	
Teacher:	Subject/Grade:

* You may NOT get credit for more than 1 hour per week per EDUC course without permission from your instructor!!!!

** You must sign in at the school office each time you enter ANY school campus.

	Date	Teacher	Time In	Time Out	# Hours	Teacher Signature
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Total Hours Observed						

Students must sign the statement below before turning this form in.

I verify that I have completed the hours recorded above, and that all dates and times are the actual dates and times that I was in the classroom. I also understand that any falsification of the information above could result in my receiving an "F" in my EDUC course.

Student Signature

Teachers:

Once the student has completed the 10 observation hours per EDUC course please sign the statement below to help us in ensuring accurate recording.

I verify that, to the best of my knowledge, the information recorded above is accurate and reflective of the student's actual time spent in my classroom.

Teacher's Signature

Date