

Early Field Experience Log

Name: _____ Student ID #: _____

Semester and Year: _____ Grade: _____ School: _____

Mentor Teacher: _____ University Supervisor: _____

<i>Minimum 15 hours total</i>			
Classroom Activities (for example: observations, working with students, assisting Mentor Teacher, etc.)			
Activity	Date	Time: Start/Finish	# of Hours
Hours Completed			

<i>Maximum 5 hours total</i>			
School Activities (e.g.: participate in school-wide meetings, grade-level meetings, interview key site personnel, etc.)			
Activity	Date	Time: Start/Finish	# of Hours
Community Activities (e.g.: visit school website, explore the neighborhood, research available resources for students, etc.)			
Activity	Date	Time: Start/Finish	# of Hours
Hours Completed			

Total Hours Completed	
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**I attest that to my knowledge the above information is correct.*

***Student Signature:** _____ **Date:** _____

Mentor Teacher Signature: _____ **Date:** _____

University Supervisor Signature: In lieu of a signature, email a copy of this log to the Field Experience Office to indicate your approval of the hours listed above.