

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
Total Hours			

<i>Maximum 5 hours total</i>			
School Activities (for example: tour the school, interview key site personnel, etc)			
Activity	Date	Time: Start/Finish	# of Hours
Community Activities (for example: visit community resources, become familiar with the neighborhood, etc)			
Activity	Date	Time: Start/Finish	# of Hours
Total Hours			

Mentor Teacher Signature: _____ Date: _____

University Supervisor Signature: _____ Date: _____

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

*Student Signature: _____ Date: _____