

Department of Teaching and Learning Documented Fieldwork Hours Course Log

(One Log Per Course)

Name:
Student ID:

Email Address:
Education Program: Undergraduate Graduate

Preferred Phone: ()

Certification Area (Choose all that Apply):
 Early Childhood Childhood Music Art
 Adolescence

Mailing Address:

Biology English Math Social Studies
 TESOL Special Education (1-6) Students with Disabilities (7-12)

Course Name/Number

Semester: 20____

Date	Fieldwork Site - Name of Site - Site Address - Site Phone - Email/Website	Type of Fieldwork Completed (observation, interview, experiment, home/case study, tutoring, small or large group instruction, etc.)	Description of Population (Record estimated age/grade(s) of population observed and check off all categories that apply)	Number of hours in site	Site-based Supervisor ¹ - Name (printed) - Title (printed) - Signature
			Age/Grade(s): _____ <input type="radio"/> Ethnic/racial diversity <input type="radio"/> Social class diversity <input type="radio"/> English Language Learners <input type="radio"/> Persons with Disabilities <input type="radio"/> Other		
			Age/Grade(s): _____ <input type="radio"/> Ethnic/racial diversity <input type="radio"/> Social class diversity <input type="radio"/> English Language Learners <input type="radio"/> Persons with Disabilities <input type="radio"/> Other		

¹ Parent's or course instructor's signature is acceptable for out-of-classroom settings.

Date	Fieldwork Site - Name of Site - Site Address - Site Phone - Email/Website	Type of Fieldwork Completed (observation, interview, experiment, home/case study, tutoring, small or large group instruction, etc.)	Description of Population (Record estimated age/grade(s) of population observed and check off all categories that apply)	Number of hours in site	Site-based Supervisor* - Name (printed) - Title (printed) - Signature
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Students Signature: _____ Number of Hours Completed in this Course: _____