

## 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)

Mailing Address:

<input type="radio"/> Early Childhood	<input type="radio"/> Childhood	<input type="radio"/> Music	<input type="radio"/> Art
<input type="radio"/> Adolescence	<input type="radio"/> Physical Education & Health		
<input type="radio"/> Biology	<input type="radio"/> English	<input type="radio"/> Math	<input type="radio"/> Social Studies
<input type="radio"/> TESOL	<input type="radio"/> Special Education (1-6)	<input type="radio"/> Students with Disabilities (7-12)	

Course Name/Number:

SEMESTER:  Fall  Spring  Summer YEAR: 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 <sup>1</sup> - 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		
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<sup>1</sup> Parent's or course instructor's signature is acceptable for out-of-classroom settings.

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Students Signature: \_\_\_\_\_ Number of Hours Completed in this Course: \_\_\_\_\_