



**Department of Curriculum and Instruction
Documented Fieldwork Hours Course Log**
OneLogperCourse

Name:	Email Address:
Student ID #:	Education Program: <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate
Telephone Numbers: Home: () Other: ()	Education Major: <input type="checkbox"/> Early Childhood <input type="checkbox"/> Childhood Ed. <input type="checkbox"/> Tesol <input type="checkbox"/> Art <input type="checkbox"/> Music
Mailing Address:	Adolescence/Middle School Ed: <input type="checkbox"/> Bio <input type="checkbox"/> Earth Sci. <input type="checkbox"/> Chemistry <input type="checkbox"/> Social St. <input type="checkbox"/> Foreign Lang. <input type="checkbox"/> English <input type="checkbox"/> Math

Course Name/Number: _____ Semester: _____

Date	Fieldwork Site - Name of site - Site address - Site phone - Email/W ebsite	Type of Fieldwork Completed (observation, interview, experiment, case/home study, tutoring, small or large group instruction, etc.)	Description of Population [Record estimated age/grade(s) of population observed and check all categories that apply]	Number of Hours in Site	Site-based Supervisor* - Name (Printed) - Title (Printed) - Signature
			Age/Grade(s): _____ <input type="checkbox"/> Ethnic/racial diversity <input type="checkbox"/> Social class diversity <input type="checkbox"/> Second language learners <input type="checkbox"/> Persons with disabilities <input type="checkbox"/> Other:		
			Age/Grade(s): _____ <input type="checkbox"/> Ethnic/racial diversity <input type="checkbox"/> Social class diversity <input type="checkbox"/> Second language learners <input type="checkbox"/> Persons with disabilities <input type="checkbox"/> Other:		

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

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Student's Name (printed): _____ Total Hours completed in this course: _____