



DEPT. OF HEALTH & PHYSICAL EDUCATION
(516) 299-2671

TEACHING OBSERVATION RECORD - METHODS

PROF: _____ STUDENT NAME (Print): _____

With my signature, I am attesting to the fact that the hours indicated on this form are the true number of hours I have observed in each fieldwork experience in which I participated. **STUDENT SIGNATURE:** _____

FINAL DUE DATE: _____

Total Hours Completed: _____ Check one: Fall Spring 20__ **Date Submitted to your Professor:** _____

Check one:

- HED 260 – Elementary Methods in Health Education-30 hours
- HED 261 – Secondary Methods in Health Education-40 hours (30 hours for dual students)
- PED 261 – Secondary Methods in Physical Education-40 hours (30 hours-dual students)
- PED 262 – Elementary Methods in Physical Education-30 hours
- PED 263 – Adapted Physical Education-30 hours

****Note: These hours include in-class observation hours only**

<u>DATE</u>	<u>SCHOOL, TEACHER PHONE #, TEACHER E-MAIL ADDRESS</u>	<u>LESSON TOPIC TAUGHT</u>	<u>TIME IN</u>	<u>TIME OUT</u>	<u>**TOTAL OBSERVATION HOURS</u>	<u>TEACHER PRINT NAME/SIGNATURE</u>

****Note: These hours include in-class observation hours only**

<u>DATE</u>	<u>SCHOOL, TEACHER PHONE #, TEACHER E-MAIL ADDRESS</u>	<u>LESSON TOPIC TAUGHT</u>	<u>TIME IN</u>	<u>TIME OUT</u>	<u>**TOTAL OBSERVATION HOURS</u>	<u>TEACHER PRINT NAME/SIGNATURE</u>
						<hr/>
						<hr/>
						<hr/>
						<hr/>
						<hr/>
						<hr/>
						<hr/>
						<hr/>
						<hr/>
						<hr/>