

Pre-Teaching Field Experience Time Log

Last Name: _____ Name: _____ PSID: _____ Email: _____

Semester: _____ Course (Circle): CUIIN 3316 CUIIN 3221 EDUC 3301 CUIIN 6301 Instructor: _____

Date / School Visited	Begin Time	End Time	Grade Level/ Class Observed	Description of Observed Activities	School Representative Signature

Student Signature _____

Total Number of Hours: _____