

## **Office of Fieldwork and Certification**

Timesheet for Clinical Experiences and Clinical Practice 1

Name:	ID #			
Semester/Year of Experience or Clinical Practice 1:				
Check:	ce 2 Clinical Experience 3 Clinical Practice 1			
School Day Hours: (Indicate Req'd Teacher Ho	urs from arrival to departure):			
Cooperating School:				
Cooperating Teacher:				
- Please record the dates and times of your field exper midterm & end of semester	ience for the current semester. Timesheets are submitted at			
- If cooperating teacher has preparation periods, work periods/blocks when you are not preparing with your reducational settings	with the teacher to plan learning activities. To count mentor, follow and observe students in their alternative			

- Use the "Activities Column" to keep a detailed record of your engagement and participation in the classroom.

\*Activities include, but are not limited to: 1-1 Tutoring, Small Group Instruction, Pull-Out Instruction, In-Class Support, Teaching Lesson.

- Check Canvas for midterm & final submission dates of timesheets; and for another copy of timesheet, if needed

Date	Time In	Time Out	Activities	Total Hrs.
			TOTAL HOURS	