

School of Education Office of Certification and Field Experience

STUDENT FIELD EXPERIENCE ATTENDANCE SHEET

SEMESTER:

Please Print:

STUDENT: ______ PROFESSOR: _____

Please fill in where you are completing your hours for this course:

SCHOOL: ______ DISTRICT: _____ GRADE LEVEL: ____

_____DISTINCT

COOPERATING TEACHER'S NAME:

DATE	in out	HOURS COMPLETED	COOPERATING TEACHER'S SIGNATURE
	TOTAL HOURS→		

STUDENT'S SIGNATURE: _____

DATE: _____

_____ DAI1

Submit completed form(s) to your course professor. Forms that are not completed will be returned.