

Clinical (Field) Experience Time Log - Appendix C

Course and Section #: _____

Professor: _____

MONMOUTH UNIVERSITY

SCHOOL OF EDUCATION
CERTIFICATION, FIELD PLACEMENTS
AND SCHOOL PARTNERSHIPS OFFICE

Student Name: _____ Student ID _____ Semester: Fall ___ Spring ___

District: _____ School: _____ Year: _____

	Date	Time In	Time Out	Total Hours	Teacher's Initials
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

I verify that _____ completed _____ hours in my classroom and that she/he taught _____ lessons during that time.

Cooperating Teacher: _____ Signature: _____ Date: _____