

10 Hours Required



Term: _____ Year: _____

Wartburg Student's Name: _____ Student's ID# _____

Hosting Teacher's Name: _____

Teacher's Email: _____ Class/Grade: _____

School's Name: _____

School's Location: _____

Please have host teacher sign your time log sheet **each time** you visit the classroom **and** for the **total** of hours. **You must have a minimum of 10 hours.**

[illegible]

FIELD EXPERIENCE DOCUMENTATION:

How many students were in this classroom: _____

1. Please mark any of the following activities that you participated in during your field experience.

___Corrected papers/assignments utilizing teacher answer key

____Entered grades into teacher grade book

____Designed/put up bulletin board

Worked one-on-one with a student

____ Worked with small groups of students

___Lead classroom discussion/lesson

____Circulated room and assisted students

Assisted with the writing a quiz/test

Assisted with preparation of lesson materials

___List any other activities as determined by classroom teacher