ED 215 Field Experience Time Log:
Psychology of the Exceptional Child
15 Hours Required

Term: _____ Year: _____

Student's Name: _____ Student's ID _____
Hosting Teacher's Full Name: _____
Teacher's Email: _____ Class/Grade: _____
School's Name: _____
School's Location: _____

Content/Subject: _____
I am an Education Major: Yes: _____ No: _____

Please have your hosting teacher sign your time log sheet <u>each time</u> you visit the classroom <u>and</u> for the total.
You must have a minimum of 15 hours.

Date:	**Number of Hours:**	**Activity or responsibility:**	**Supervisor's Signature:**
TOTAL:			