MA 312 Field Experience Time Log: **Teaching Elementary School Math**

15 Hours Required

Term: _____ Year: _____

Student's Name: _____ Student's ID #: _____
Hosting Teacher's First Name: _____ Last Name: _____
Teacher's Email: _____ Class/Grade: _____
School's Name: _____
School's Location: _____

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

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