

Student Teaching Clock Hours Review

You will be expected to complete the time sheet indicating how much time you have spent in the listed activities. You will return the time sheet to the Seminar Instructor at the end of your experience. This time sheet must be enclosed in your education file located in the Department of Education.

Name: _____

School(s): _____

Cooperating Teacher(s): _____

Specific Grade level(s): _____

WEEK ONE				WEEK FIVE			
Day	Hours of Activity			Day	Hours of Activity		
	*Teaching	Assisting	Other		*Teaching	Assisting	Other
M				M			
T				T			
W				W			
H				H			
F				F			
WEEK TWO				WEEK SIX			
Day	Hours of Activity			Day	Hours of Activity		
	*Teaching	Assisting	Other		*Teaching	Assisting	Other
M				M			
T				T			
W				W			
H				H			
F				F			
WEEK THREE				WEEK SEVEN			
Day	Hours of Activity			Day	Hours of Activity		
	*Teaching	Assisting	Other		*Teaching	Assisting	Other
M				M			
T				T			
W				W			
H				H			
F				F			
WEEK FOUR				*NOTE: Teaching means you are in charge of the lesson. You should include your preparation and assessment time for these lessons in your Teaching hours.			
Day	Hours of Activity						
	*Teaching	Assisting	Other				
M							
T							
W							
F							

Total hours for Teaching _____ Assisting _____ Other _____ for student teaching (seven weeks).

This form is to be completed and submitted to the Coordinator of Field Experiences at the end of each seven week experience.

