Student Teaching Timesheet

Return the completed timesheet to the Supervising Faculty for the licensure area.

Candidate Signature ______________________ Semester of Student Teaching ______________________

Cooperating Teacher Signature ______________________ Date ______________________

Supervising Faculty Signature ______________________ Date ______________________

O-Observation P-Professional Activities T-Teaching

		Hours					Hours		
Date	Time	O	P	T	Date	Time	O	P	T

O-Observation P-Professional Activities T-Teaching

		Hours					Hours		
Date	Time	O	P	T	Date	Time	O	P	T

Hours of Observation ____________

Hours of Teaching ____________

Hours of Professional Activities ____________

Total Hours ____________