Field Experience Time Log
Page _____
Department of Education and Teacher Preparation
Semester ________________ Course _________________

Teacher Candidate		School	
Practicum Instructor		Grade Level	
University Supervisor		Mentor Teacher	
Course/Semester		Scheduled Days/Hours	

Date	Time In	Time Out	Hours	Explanation of any Deviation of Days/Hours	Mentor Teacher Initials
Total Hours for this Page ** Must fulfill requirements indicated in syllabus.*					

- **TOTAL HOURS COMPLETED FOR PRACTICUM _________**

Mentor Teacher Signature ____ Date_______________