Nazareth College Field Experience Attendance Verification Form

Contact us: Office of Clinical Experiences and Partnerships
Golisano Academic Center, Room 277 ■ Email: fieldexp@naz.edu ■ Phone: 585-389-2596

Each visit to your school requires a log entry. If your placement is job-embedded, you must obtain the principal's signature next to the total hours below. Please print legibly. A separate field experience attendance verification form is required for <u>EACH</u> course you are taking with required hours.

Term: [Fall	Spring	☐Summer A	Summ	ner B	Year:	
Teacher Candid	ate Name:				ID: _		
Program: Course:			Course:	Hours Required for Course:			
School Informat	tion:						
Name of School/Agency:				District:			
School/Agency Address:				Cit	City Zip Code		
Classroom Info	mation:						
SBTE name(s) _			SI	BTE email(s)			
Grade/Subject(s	s)						
			oom where the fieldwor				
General Educ	ation 🔲 I	-COT (Integrated (Co-Teaching)	sultant Teachir	ng Resourc	ee Room Self-Contained	
Students with	Disabilities	English La	inguage Learners	Bi-Lingual Lea	arners G	ifted and Talented Learners	
Please no			Field Experience Acorded as decimals: .25 i led below. Each activity	s 15 minutes, .			
Date		Activi	ty Description		Hours Completed	Teacher Signature	
10/10/12		Assisted w	vith reading groups		2.75 hours	Jane Doe	
			Hours (Completed			

Principal's Signature (required if Job-Embedded)

Nazareth Instructor's Signature/Date

Please **return this form to your instructor** with the required hours and teacher signatures by the date given by your instructor.

<u>Keep a copy of this completed form for your records.</u> Use the second page for additional activity log entries.

2.20 CMB

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icher Candidate Nan	me:	ID:					
gram:	Course:	Hours Required for Course: _					
Field Experience Activity Log Continued Note: Partial hours should be recorded as decimals: .25 is 15 minutes, .50 is 30 minutes, and .75 is 45 minutes. A sample entry is provided on the first page of this form. Each log entry requires a teacher signature.							
Date	Activity Description	Hours Completed	Teacher Signature				
	Hours Complete	ed					
tal Hours Compl	eted (total hours from all verification pages):						
	required if job-embedded)	Nazareth Instructor	's Signature/Date				

Please **return this form to your instructor** with the required hours and teacher signatures by the date given by your instructor.

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