Nazareth College Field Experience Attendance Verification Form

Each visit to your assigned placement requires documentation including the date, a brief description of the activities completed, number of hours completed and SBTE/Clinic Supervisor's Signature. When completing the form please remember partial hours should be recorded as decimals: 15 minutes = 0.25 hours, 30 minutes = 0.5 hours, and 45 minutes = 0.75 hours. A sample entry is provided on the activity log. *If your placement is job-embedded, you are still responsible for maintaining documentation. Please log specific dates/hours during your workday, when you were completing activities related to your coursework. Obtain your administrator's signature once all hours have been completed.*

Please **return this form to your instructor** with the required hours and signatures no later than the last day of class. Keep a **copy** of this completed form for your records.

Teacher Candidate Information:

Term/Year:	Fall	Spring Summer A _		Summer B	
Teacher Candidat	e Name:		ID:		
Program:					
Course:			Hours Required for Course:		
School Informati	on:				
District:					
Name of School/A	Agency:				
School/Agency Address:		Cit	City		
School-Based Te	acher Educator (SBTE)) Information:			
SBTE name(s)					
SBTE email(s)					
Grade/Subject(s)	Taught				
Type of Classroo	m : (Check all that apply))			
General Education Classroom		I-COT Classroom (Integrated Co-7	I-COT Classroom (Integrated Co-Teaching) Self-Contained Classroo		
Resource Room		Other	Other		
Student Populatio	n : (Check all that apply))			
Students with Disabilities		Gifted and Talented Learners	Gifted and Talented Learners		
Bi-Lingual Learners		Other	Other		
		Field Experience Activity Log			
Date	А	ctivity Description	Hours Completed	Teacher Signature	
10/10/12 Assisted students one-on-		their independent reading books aloud to me. n-one with simplifying fractions. Assisted the eacher in recess duty.	2.75 hours	Jane Dee	

Hours Completed

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Teacher Candidate Name: ID:

Program: ______

Course: ______ Hours Required for Course: ______

Field Experience Activity Log Continued

Date	Activity Description	Hours Completed	Teacher Signature

Hours Completed

Total Hours Completed (from all verification pages):

Administrators' Name (*if job-embedded*)

Administrator's Signature (if job-embedded)

Date

Nazareth Instructor's Name

Nazareth Instructors' Signature

Date