

Student Teacher Clock Hours Form

Student Teacher _____

Program: ___ Undergraduate ___ Graduate Start Date: _____ End Date: _____
 (MM/DD/YYYY) (MM/DD/YYYY)

of Student Teaching Credits: _____

School _____ School District _____

Cooperating Teacher _____ Grade(s) _____ Subject(s) _____

Endorsement Area: (Circle all that apply)

ECE w/Spec Ed (PK-3) Elementary (1-6) Secondary (7-12) PE (K-12) Special Ed. (K-12)

As a student teacher, you are responsible for keeping an accurate record of your start and end dates as well as the clock hours you spend during student teaching and for submitting this form to the Webb 160 at the end of your student teaching. If you complete more than one placement, complete two forms. Afterwards, consolidate the hours onto one **Summary** form and submit all three. (Note: You may also include hours of student teaching on your resume.)

WEEK	Observation	Co-Teaching	Teaching	Routine Duties at School (e.g., school meetings, supervisory duties, conferences, etc.)
<i>Example</i>	<i>8</i>	<i>6</i>	<i>12</i>	<i>5</i>
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				
13				
14				
15				
16				
TOTAL				

Total Hours Direct Teaching Students w/Special Needs _____ (if applicable)

* Total Hours for Student Teaching Experience _____ (Minimum of 350 hours, based on 10 weeks)

Student Signature Date

Cooperating Teacher Signature Date