Lehman College
Field Experience Time Sheet

Name of the Candidate _____ **Semester** _____

Social Security # _____ **Candidate's Phone #** _____

School's Name, #, Address _____

School's Phone # _____ **Principal's Name** _____

Lehman Course _____ **Lehman Faculty Member** _____

Date of Observation	Hours in Classroom	Grade Level Observed	Name of Teacher Observed	Subject Matter Being Taught	Authorized Signature
Total Hrs					

JMF/2-2004