

DEPARTMENT OF EARLY CHILDHOOD AND CHILDHOOD EDUCATION**FIELD EXPERIENCE TIME SHEET**

Student Name: _____ EMPLID: _____

Semester: _____ Course: ECE 311 Course Instructor: _____

School: _____ School Tel. Number: _____

Principal: _____ Teacher(s): _____

Class: _____

DATE	NUMBER OF HOURS COMPLETED	TEACHER SIGNATURE

Total Hours: _____ Student Signature: _____