LEHMAN COLLEGE

CLINICAL PRACTICE & PARTNERSHIPS
SCHOOL OF EDUCATION

Carman Hall, Room B33
250 Bedford Park Blvd West
Bronx, NY 10468

p.718-960-8004
f.718-960-7855
www.lehman.edu

# Lehman College
# ECE 301 Field Experience Time Sheet

**Name of the Student** _____ **Semester** _____

**EMPLID** _____ **Phone #** _____

**Name of Lehman Faculty** _____ **Age of the Child** _____

**Faculty Signature** _____ **Gender of the Child** _____

| Date of Observation | Hours with Child | Location | Contact Person | Activity | Areas of Development | Authorized Signature |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| **Total Hrs** | | | | | | |