CLINICAL PRACTICE & PARTNERSHIPS SCHOOL OF EDUCATION

C arman H all, Room B33 250 Bedford Park Blvd West

Bronx, N Y 10468

p. 718-960-8004

f. 718-960-7855

[www.leh man.edu](http://www.lehman.edu/)

Department of Early Childhood and Childhood Education

Field Experience Time Sheet

Student Name: EMPLID:

Semester: Course: ECE 311 Course Instructor:

School: Principal: Class:

School Tel. Number:

Teacher(s):

|  |  |  |
| --- | --- | --- |
| **Date** | **Number of Hours****Completed** | **Teacher Signature** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Total Hours: Student Signature: