

## **ESC 502 Field Experience Time Sheet**

Name of the C	Candidate		Semester				
EMPLID #_		Candidate's Phone #					
School's Nam	e, #, Address						
School's Phone # Principal's Name							
Lehman Course Lehman Faculty Member							
Date of Observation	Hours in CBO	CBO Visited	CBO Address	Candidate's Activity	CBO Contact Person	Authorized Signature	
Total Hrs							