

Field Experience Time Sheet

Name of the Ca	indidate	S	Semester			
EMPLID		Candi	Candidate's Phone #			
School's Name,	#, Address					
School's Phone #		Principal's Name				
Lehman Cours	e	Lehman Faculty Member				
Date of Observation	Hours in Classroom	Grade Level Observed	Name of Teacher Observed	Subject Matter Being Taught	Authorized Signature	
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					1	
Total Hrs						