

**Xavier University**  
**College of Social Sciences, Health, and Education**

**Early and Middle Childhood Education**  
**Field Experience Time Sheet**

Name: \_\_\_\_\_ XU Course #: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Field hours completed on this form \_\_\_\_\_ Total hours completed at this school: \_\_\_\_\_

DATE	TIME	Brief Description of Activity

Teacher's signature: \_\_\_\_\_ Teacher's printed name: \_\_\_\_\_

Student's signature: \_\_\_\_\_ Professor's Initials \_\_\_\_\_

White Copy – XU Supervisor    Yellow Copy - Student

*Collaborate. Innovate. Educate.*