

Xavier University
College of Social Sciences, Health, and Education

Early and Middle Childhood Education
Reading 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 _____