



**XAVIER UNIVERSITY DEPARTMENT OF EDUCATION
EARLY CHILDHOOD, MIDDLE CHILDHOOD, SPECIAL EDUCATION
TIME SHEET**

Name _____ X.U. Course Number _____
(please print)

Visited School _____ Grade/Level _____

Field hours completed on this sheet _____ *Total* hours completed at this school _____

Date	Time	Brief Description of the Activity

Teacher's Signature _____ please print your name _____

Student's Signature _____ Professor's Initials _____

White Copy - Director. Yellow Copy - Student

reptfm