



College of Professional Sciences
Early and Middle Childhood Education
Reading and TESOL Education
Field Experience Timesheet

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: _____

Student should submit a copy to the University and keep a copy for their files.