

University of Illinois Springfield
Department of Teacher Education
Field Experience Time Record

COURSE #: TEP HOURS: 30 / 40
(circle one)

CANDIDATE _____ SEMESTER _____ YEAR _____

TEACHER _____ CITY / TOWN _____

SCHOOL _____ DISTRICT _____

Candidate: Please fill in the dates, times, and hours EACH time you visit the school and sign prior to submitting at the end of the experience.

Cooperating Teachers (C.T.'S): Please initial the time record EACH time the candidate visits the school and sign when the candidate has completed his / her field experience hours.

Classroom Hours with Students

DATE	TIME IN	TIME OUT	HOURS	C.T.'S INITIALS
TOTAL:				

DATE	TIME IN	TIME OUT	HOURS	C.T.'S INIT
TOTAL:				

Review of Acceptable Time Spent in the Classroom

- Field experience hours are to be spread out over the semester (between weeks 8 – 15)
- A candidate completing field experience hours may count time going with a class of students to specials to further gain classroom management techniques (Elementary).
- Part of classroom observation hours may include PD activities or required workshop attendance by the school district when invited by the CT. (There is a **limit of two (2) hours counted** toward the total experience hours, but you may attend as you wish for the experience.)

TOTAL HOURS: _____

CANDIDATE'S SIGNATURE: _____ DATE: _____

COOPERATING TEACHER'S SIGNATURE: _____ DATE: _____

Candidates must upload the signed time sheet to a designated area, per instructor's. The original time sheet must be submitted to the methods instructor. If this process is not completed accurately, the candidate will receive an "I" for the course and will not receive permission to register for further course work until all issues are resolved satisfactorily.