



Field-Based Experiences Hour Log Sheet

Student Name: _____ SID# _____

University Campus: Edinburg Brownsville STARR

Program: Elementary (EC-6) Elementary (EC-3) Middle School (4-8) Secondary (8-12) All-Level (EC-12)

Semester: Fall Spring Year: _____ Course(s)/Section(s): _____

District: _____ Campus: _____

Full Name of Cooperating (Mentor) Teacher: _____ Cooperating Teacher Email: _____

(For additional mentor teachers, see bottom of page 2)

Date: Time in: Time out:	<input type="checkbox"/> Instructional Activity <input type="checkbox"/> Observation:	Mentor Teacher Signature	Total time of this visit:
Date: Time in: Time out:	<input type="checkbox"/> Instructional Activity <input type="checkbox"/> Observation:	Mentor Teacher Signature	Total time of this visit:
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Date: Time in: Time out:	<input type="checkbox"/> Instructional Activity <input type="checkbox"/> Observation:	Mentor Teacher Signature	Total time of this visit:

**Please keep a copy of this record.*

All field hours must be strictly volunteer & unpaid. Field hours must be appropriate to area/grade level of certification sought. (TAC §228.35).

TOTAL

TIME: _____

Instructor Signature: _____

Date: _____

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Additional Cooperating (Mentor) Teachers:

Full Name of Cooperating (Mentor) Teacher: _____ Email: _____

Full Name of Cooperating (Mentor) Teacher: _____ Email: _____

Full Name of Cooperating (Mentor) Teacher: _____ Email: _____

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(TAC §228.35).

TOTAL
TIME: _____

Instructor Signature: _____

Date : _____