

# Time Summary Sheet for Short Field Experience

**NOTE:** Please complete this form at the conclusion of your short field experience. You will scan and upload into your Tk20 Electronic Binder. Cooperating Teachers must review and validate the times listed below and sign form.

|                            |                         |
|----------------------------|-------------------------|
| <b>Student Name</b>        | <b>Placement School</b> |
| <b>Cooperating Teacher</b> | <b>Grade/Content</b>    |

**Short Field:** Total of 10 hours visiting the classroom. Four (4) separate classroom visits should constitute this field experience.

| Date and Time of 1st Visit                | Date and Time of 2nd Visit | Date and Time of 3rd Visit | Date and Time of 4th Visit | Date and Time of 5th Visit | Date and Time of 6th Visit |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|   |                            |                            |                            |                            |                            |
| Total Observation Hours                   |                            |                            | hours and                  |                            | minutes                    |
| Total Assisting Hours                     |                            |                            | hours and                  |                            | minutes                    |
| <b>Total Short Field Experience Hours</b> |                            |                            | <b>hours and</b>           |                            | <b>minutes</b>             |

|                                      |  |
|--------------------------------------|--|
| <b>Cooperating Teacher Signature</b> |  |
|--------------------------------------|--|

|                          |  |
|--------------------------|--|
| <b>Student Signature</b> |  |
|--------------------------|--|

|                            |  |
|----------------------------|--|
| <b>Date Form Completed</b> |  |
|----------------------------|--|