



**PRACTICUM CLOCK HOURS: EDU/EDUC \_\_\_\_\_**

Name:  
 School:  
 Grade Level:  
 Subject:  
 Cooperating Teacher:  
 Semester/Year:

*(A separate TYPED clock hours form should be completed for each cooperating teacher.)*

Date of Visit	Number of Hours	Tasks / Teaching Responsibilities
Total Hours Completed:		

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Mentor Teacher Signature \_\_\_\_\_ Date \_\_\_\_\_