**Instructions to Cooperating Teachers**

1. Please sign and date each completed Attendance Sheet to confirm student teachers’ attendance.

2. Return all Attendance Sheets at the end of the experience to the Field Placement Coordinator.

|  |  |
| --- | --- |
| **Student’s Name:** | **School Name:** |
| **Field Experience Dates:** | **Cooperating Teacher’s Name:** |

Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of hours completed per month: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 |
|  | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Monday |  |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |  |  |
| **Teacher’s signature** |  |  |  |  |  |

Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of hours completed per month: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 |
|  | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Monday |  |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |  |  |
| **Teacher’s signature** |  |  |  |  |  |

Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of hours completed per month: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 |
|  | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Monday |  |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |  |  |
| **Teacher’s signature** |  |  |  |  |  |

Month: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of hours completed per month: \_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Week 1 | Week 2 | Week 3 | Week 4 | Week 5 |
|  | Date | Time | Date | Time | Date | Time | Date | Time | Date | Time |
| Monday |  |  |  |  |  |  |  |  |  |  |
| Tuesday |  |  |  |  |  |  |  |  |  |  |
| Wednesday |  |  |  |  |  |  |  |  |  |  |
| Thursday |  |  |  |  |  |  |  |  |  |  |
| Friday |  |  |  |  |  |  |  |  |  |  |
| Saturday |  |  |  |  |  |  |  |  |  |  |
| **Teacher’s signature** |  |  |  |  |  |