

Date	Time: from-to	Total hours & minutes	Types of Activities (number of hours and/or minutes for each)					Host Teacher(s) Signature
			Observation	Assist individuals or groups of students	Assist with instruction (in front of class)	Assist teacher with non- instructional tasks	Co-plan or talk with teacher about instruction, etc.	

(Expand table as needed)

Total Hours at Midterm: _____ **hours** _____ **minutes** (please do not use fractions or decimals)

I, _____, certify that I have completed the field experience hours listed above.
Teacher Candidate Signature

I, _____, certify that the above named teacher candidate completed the **total** field experience hours listed above.
Host Teacher Signature