

**50-HR.**

**ELED 113/114/134**

**HOFSTRA UNIVERSITY  
School of Education  
Office of Field Placement  
240 Hagedorn Hall  
516-463-5746**

**PARTICIPANT-OBSERVER FIELD EXPERIENCE - TIME SHEET**

**STUDENT NAME** \_\_\_\_\_ **SEMESTER** \_\_\_\_\_

**STUDENT HOFSTRA ID#** \_\_\_\_\_

**COURSE PROFESSOR** \_\_\_\_\_ **COURSE #** \_\_\_\_\_

**SCHOOL/DISTRICT** \_\_\_\_\_ **SCHOOL PHONE #** \_\_\_\_\_

**COOPERATING TEACHER** \_\_\_\_\_ **SUBJECT/GRADE LEVEL** \_\_\_\_\_

**NOTES:**

1. This is a legal document. Hours and signatures are subject to verification. Penalties will be imposed if any information is falsified or misrepresented by a Hofstra student.
2. Each course that has a field hour requirement is to be documented by a SEPARATE time sheet and submitted to the course professor.

<b>DATE</b>	<b>TIME IN</b>	<b>TIME OUT</b>	<b>COOPERATING TEACHER SIGNATURE</b>

**TOTAL NUMBER OF HOURS** \_\_\_\_\_