SETON HALL UNIVERSITY The Office of Clinical Experiences & Applied Research

Timesheet for Clinical Experiences and Clinical Practice 1

Semester/Year of Experience or Clinical Practice 1: Circle: Clinical Experience 1 Clinical Experience 2 Clinical Experience 3 Clinical Practice 1 School Day Hours: (Indicate Req'd Teacher Hours from arrival to departure): Cooperating School: Cooperating Teacher: Please record the dates and times of your field experience for the current semester. Timesheets are submitted at midterm & end of semester If cooperating teacher has preparation periods, work with the teacher to plan learning activities. To count periods/blocks when you are not preparing with your mentor, follow and observe students in their alternative educational settings. Use the "Activities Column" to keep a detailed record of your engagement and participation in the classroom. **Activities include, but are not limited to: 1-1 Tutoring, Small Group Instruction, Pull-Out Instruction, In-Class Support, Teaching Lesson. See the calendar on the website at http://blogs.shu.edu/cear for midterm & final submission dates of timesheets; and for another copy of timesheet, if needed Date Time In Time Out Activities Total Hrs. Total Hrs. Total Hrs.	Name:			ID #		
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Cooperating School:	Circle: Clinio	cal Experience 1	Clinical Experien	ce 2 Clinical Experience 3 Clinical I	Practice 1	
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TOTAL HOURS	Date	Time In	Time Out	Activities	Total Hrs.	
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Cooperating Teacher Signature: ______ Date: _____