BI/CH/PHY 470 Time Log: Secondary Content Methods: Science Field Experience Time Log

Student Name _____ ID # _____
Course Name_____
School Name & Location_____
Term Taken _____ Year _____

Please have your supervising teacher sign your time log sheet each time you visit the classroom

Date	**Number of Hours**	**Activity or responsibility**	**Supervisor's Signature**
TOTAL			

12-17-14