

PE 470: Secondary Physical Education Methods  
 20 Hours Required



Term: \_\_\_\_\_ Year: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Student's ID #: \_\_\_\_\_

Supervising Teacher's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Teacher's Email: \_\_\_\_\_ Class/Grade: \_\_\_\_\_

School's Name: \_\_\_\_\_

School's Location: \_\_\_\_\_

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

**You must have a minimum of 20 hours.**

Date:	Number of Hours:	Activity or responsibility:	Supervisor's Signature:
<b>TOTAL</b>			