



CSU Pueblo School of Education FIELD EXPERIENCE LOG

Field Experience Contracts *must be turned* into the TEP office week 3 of each semester.

(If not, your hours will not be accepted)

Date: _____

Student's Name: _____ **PID#:** _____

CSU P Instructor: _____ **CLDE, ED, ECE, EXHP, MUS, MATH or RDG Course:** _____

Cooperating Teachers Name: _____

School Name: _____ Grade/Subject: _____

Cooperating teacher must sign each day. (No exceptions).

Date	Time Began	Time Ended	Total Time Hrs./Min. (round down)	Activities	Teacher's Signature
Total for this page:				<i>Students must submit the total hours on the first page before submitting logs to the School of Education Office, Technology 243.</i>	

Page _____ of _____

Total hours for all pages included: _____