



Field Experience Placement Forms must be turned into the SoE office week 3 of each semester.
(If not, your hours recorded below will not be accepted.)

Date: _____

Student's Name: _____ **Net ID:** _____

CSU P Instructor: _____ **Subject and Course Number:** _____

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:					



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