COLLEGE OF EDUCATION AND HUMAN SERVICES
Promoting Professional Practice
SETON HALL UNIVERSITY

The Office of Clinical Experiences &Applied Research

Timesheet for Clinical Experiences and Clinical Practice 1

Name: _____ **ID #**_____

Semester/Year of Experience or Clinical Practice 1: _____

Check:

☐ 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 HOURS	0.00

Cooperating Teacher Signature: _____ **Date:** 0_____