



**COLLEGE OF EDUCATION**  
Florida Atlantic University

CLINICAL EXPERIENCES – RECORD OF HOURS LOG

Course #: \_\_\_\_\_ Semester/Year: \_\_\_\_\_ Instructor: \_\_\_\_\_

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

School or Community Center: \_\_\_\_\_

Classroom Teacher Name: \_\_\_\_\_ Classroom Teacher Email: \_\_\_\_\_

Date	Time In	Check Activities					Time Out	Clock Hours	Teacher Initials
		Observed	Assisted Individual Students	Facilitated Group Learning	Grading / Paperwork	Other			

To Be Completed by the Classroom Teacher

Please share additional information about the FAU Student who was placed in your classroom.

Dressed Appropriately (Comments): \_\_\_\_\_

Demonstrated Professional Behavior At All Times (Comments): \_\_\_\_\_

Followed Direction (Comments): \_\_\_\_\_

Communicated About and Maintained Visitation Schedule (Comments): \_\_\_\_\_

\_\_\_\_\_

General Comments: \_\_\_\_\_

*If you would like to discuss any questions or concerns about the FAU Student or Assignment please contact the Clinical Experiences Office at  
FAU: (561) 297-3570*

**This completed form is to be submitted to the FAU Course Instructor. University Instructors are required to maintain these records for at least one semester past the completion date.**