

CLINICAL EXPERIENCES – RECORD OF HOURS LOG

Course #: Semester/Year: Instructor:

Student’s Name: Z#:

School or Community Center:

Classroom Teacher Name: Classroom Teacher Email:

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| --- | --- | --- | --- | --- | --- |
|  **Date** | **Time In** | **Check Activities** | **Time Out** | **Clock Hours** | **Teacher Initials** |
|  |  | **Observed** | **Assisted Individual Students** | **Facilitated Group Learning** | **Grading /****Paperwork** | **Other** |  |  |  |
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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 Office for School Engagement –* *engagecoe@fau.edu*

**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.**