

**FLORIDA ATLANTIC UNIVERSITY
COLLEGE OF EDUCATION**

Field Placement: Record of Hours and Activities

Course No. _____ Sequence No. _____ Semester/Year _____

Student's Name _____ Z-number _____

University Instructor _____

School or Community Center _____

Classroom teacher Name: _____

Contact information: _____

Classroom Teacher(s) or Community Outreach Personnel – Please confirm student's hours by initialing.

Date	Time In	Check Activities					Time Out	Clock Hours	Initials
		Observed Classes	Assisted Individual Students	Facilitated Group Learning	Grades/Recorded Papers (Optional)	Other			

University Instructor's Signature (To be signed at the end of the term and collected by the University Instructor).

University students should make a photocopy of this record prior to collection and save with personal files.

University instructors are required to maintain these records in their professional files at least of one semester past the completion date of the course.