



Candidates for Texas Certification

Field-Based Experiences Log

During your field experience time on campus, you will document the amount of time you are working with students in the classroom. Please ensure that the Cooperating Teacher verifies your presence and engagement by providing their signature at the end of each visit. Your signature indicates the information and hours are factual. Your signature also indicates that you are aware that falsifying any information will result in course repercussions and possible failure and/or removal from the program.

Candidate Printed Name:

Candidate Signature:

Professor Name:

Course:

District:

Campus:

Cooperating Teacher's Name:

Subject Area:

Grade Level:

Student UID:

Date					
Time In HH:MM am/pm					
Time Out HH:MM am/pm					
Instructional Activity Brief description of the activity taking place.					
Total IH Minutes Minutes spent in interactive activities (1-on-1 /Small Groups)					
Overall Total Minutes					
Cooperating Teacher's Signature					