

### STUDENT TEACHING TIME SHEET

Student Name \_\_\_\_\_ ID# \_\_\_\_\_ Semester/Year \_\_\_\_\_

School/City \_\_\_\_\_ Grade/Subject \_\_\_\_\_

Cooperating Teacher(s) \_\_\_\_\_

Date of Week	Day of Week	Summarize Major Teaching Activities for the Week	Total Hours at School	Weekly Signature of Cooperating Teacher
1.	M			
	T			
	W			
	R			
	F			
2.	M			
	T			
	W			
	R			
	F			
3.	M			
	T			
	W			
	R			
	F			
4.	M			
	T			
	W			
	R			
	F			
5.	M			
	T			
	W			
	R			
	F			
6.	M			
	T			
	W			
	R			
	F			
7.	M			
	T			
	W			
	R			
	F			
8.	M			
	T			
	W			
	R			
	F			

Date of Week	Day of Week	Summarize Major Teaching Activities for the Week	Total Hours at School	Weekly Signature of Cooperating Teacher
9.	M			
	T			
	W			
	R			
	F			
10.	M			
	T			
	W			
	R			
	F			
11.	M			
	T			
	W			
	R			
	F			
12.	M			
	T			
	W			
	R			
	F			
13.	M			
	T			
	W			
	R			
	F			
14.	M			
	T			
	W			
	R			
	F			
15.	M			
	T			
	W			
	R			
	F			
16.	M			
	T			
	W			
	R			
	F			

Total Student Teaching Hours \_\_\_\_\_

DATE		Teacher's Initials
	<i>First Day Teaching Class Fulltime - 7 Weeks Required</i>	
	<i>Last Day Teaching Class Fulltime</i>	

\_\_\_\_\_  
Student Teacher's Signature

\_\_\_\_\_  
Director of Teacher Education's Signature