Log of Student Teaching Attendance

Name: _____

Semester: _____   Year: _____   Total # of Hours: _____   School Name: _____

Subject(s): _____   School District: _____   Grade Level: _____

Cooperating Teacher: _____

HOURS TEACHING:

Week	Monday	Tuesday	Wednesday	Thursday	Friday	Weekly Total
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
Totals:						

Signature of Student Teacher: _____   Date: _____

Signature of Cooperating Teacher: _____   Date: _____