

UNIVERSITY OF DALLAS DEPARTMENT OF EDUCATION

Field-Based Experiences Log

Course: _____ Practicum **Semester/Yr:** _____

University of Dallas Student: _____

School: _____ **Grade/Subject:** _____ **Cooperating Teacher:** _____

| Observation Day of Week | Observation Date | Time: Begin | Time: End | Time: Total | Cooperating Teacher's Initials | Practicum Student's Initials |
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| Summary of Interaction with Students: | | | | | | |
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TOTAL # OF HOURS: _____ *(please include hours from 2nd page)*

By signing below, you agree that the hours listed above are accurate for reporting to the Texas Education Agency (TEA):

UD Student: _____ Date: _____

Cooperating Teacher: _____ Date: _____

UD Professor: _____ Date: _____

Thank you for helping us to provide this practicum experience for our students!

University Contact: education@udallas.edu ; (972) 721-5389

| Observation Day of Week | Observation Date | Time: Begin | Time: End | Time: Total | Mentor Teacher's Initials | Practicum Student's Initials |
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