

Office of Field Experience

Fieldwork Log for repeated work for same site (updated Fall 2020)

Field Site: _____

Field Site Address: _____

Course: _____ Semester/Year: _____

Total Hours for this Experience: _____

Name of Cooperating Teacher (CT) (please print): _____

or Name of Assigned Supervisor (AS) (please print): _____

Email of person listed above: _____

| Date | Time | Description of the Experience | Initials |
|------|------|-------------------------------|----------|
| | | | |
| | | | |

