

Student Teacher Clock Hours Form

Student Teacher _____

Program (Circle one) Traditional or Post-Baccalaureate

School _____ School District _____

Cooperating Teacher _____ Grade(s) _____ Subject(s) _____

Endorsement Area: (Circle all that apply)

Early Childhood (PreK-4) Elementary (K-6) Middle (4-8) Secondary (7-12) Special Ed. (PreK-8)

As a student teacher, you are responsible for keeping an accurate record of the clock hours you spend during student teaching and for submitting this form to the Education Division office at the end of your clinical experience. In addition to planning, observing, teaching and engaging in routine school activities, each student teacher is required to complete a minimum of 30 hours of direct teaching with the special needs population. These hours may be completed throughout the student teaching experience and are to be recorded on a weekly basis. If you complete more than one placement, complete two forms. Afterwards, consolidate the hours onto one **Summary** form and submit all three.

WEEK	Observation	Co-Teaching	Direct Teaching	Conferencing / Meetings	Routine Duties at School
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
TOTAL					

Total Hours Direct Teaching w/Special Needs Population _____ (minimum 30 hours).

* Total Hours for Student Teaching Experience _____(minimum of 320 hours).

Student Signature Date

Cooperating Teacher Signature Date