

American University
School of Education

Record of Hours

Student Name: _____ SSN:

Dates of Student Teaching Experience:

Cooperating School Name and Location:

Cooperating Teacher/Level/Subject:

University Supervisor:

Number of Hours			
<i>Month</i>	<i>Observation</i>	<i>Participation</i>	<i>Direct Teaching</i>
<i>Total Hours</i>			

Certified to be a correct record.

All books, equipment and materials provided on loan have been returned.

Signature - Student/date Signature - Cooperating Teacher/date Signature - Supervisor/date