

## Weekly Record of Field Experience Activities

<b>OWU Student</b>		<b>Week Beginning</b>	
<b>School</b>	<b>Teacher</b>		<b>Grade</b>
<b>Teacher Signature **See Below</b>		<b>University Supervisor Signature</b>	

**Directions:** Record the estimate of the time you spent in the classroom. Be sure you calculate a total. Submit the report to the Education Office each Friday for the preceding week.

Monday	Tuesday	Wednesday	Thursday	Friday	Total Hours in the Classroom	Additional Preparation Hours

Summary of the week's work: (Be specific about what you did, i.e., tutoring, observing, class lessons taught, etc.)

What I have learned this week about students and teaching:

Areas I would like to work on next week:

**\*\* Teacher's signature confirms that the candidate has completed the form and the hours are correct.  
Please do NOT sign incomplete forms.**