



The City University of New York
 City College of New York
 SCHOOL OF EDUCATION
 OFFICE OF CLINICAL PRACTICE –
 FIELDWORK & STUDENT TEACHING
 160 Convent Avenue, NAC 6/207A
 New York, New York 10031
 212-650-6915



FIELDWORK TIMESHEET

NAME: _____ Student ID _____ Semester _____ UG _____ GRAD _____
Last, First (SP, SU, FA or WI)

Course Number _____ Placement Site _____ School/Placement Site _____

Name of Cooperating Teacher _____ Month Ending _____
(Teacher that you are observing) (Please Print)

DATE mo/day/year	# of Hrs	BRIEF DESCRIPTION OF YOUR FIELDWORK ACTIVITY (Example: assisted teacher, observed, case study, taught a small group, etc.)	Cooperating Teacher's Initials

Total Hours _____

Print Name of Cooperating Teacher _____ Signature of Cooperating Teacher _____ DATE _____
(Teacher that you are observing) mo/day/year
 (If the cooperating teacher is not available, the following
 may sign: Assistant Principal, Principal, or Dept. Chair)

Print name of CCNY Course Instructor _____ Signature of CCNY Course Instructor _____ DATE _____
 mo/day/year

Note: This record of attendance must be properly completed and approved by the course instructor before mailed or delivered to the Office of Clinical Practice.