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

FIELDWORK TIMESHEET

NAME: _____ Student's Empl ID: _____ Semester: _____UG___ GRAD__
Last, First

Course Number/Name _____ 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 at Placement Site **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**

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.