

Keystone College
Education Field Hours Documentation Form

Student's Name: _____ **ID#** _____

EDUC 00 ____ **Section** _____ (Please indicate observation course and section from your schedule.)

Day and time of observation:

Week	Date	Time	Cooperating Teacher's Signature
Week 1			
Week 2			
Week 3			
Week 4			
Week 5			
Week 6			
Week 7			
Week 8			
Week 9			
Week 10			
Week 11			
Week 12			
Week 13			
Week 14			
Week 15			

Total Hours: _____

- **Students may not begin observation without current clearances.**
- **Students must contact the classroom teacher and their supervisor once the field placement has been secured to indicate the date observation will begin.**
- **If you are unable to observe on your scheduled day, please contact your Keystone field supervisor.**
- **Students must use this form for each observation visit.**
- **Make and keep a copy for your portfolio to document field work.**
- **Completion of Observation/Assignment is necessary for passing this course.**
- **The student must have the classroom teacher sign the observation form during each observation.**
- **Submit this form prior to the end of the semester as an email attachment to Judy Sweeney at judy.sweeney@keystone.edu.**