



Observation Hours Recording Document

EDU 201 OBSERVATION AND ASSESSMENT

CHILD STUDY ASSIGNMENT

Semester/Year Fall 2015 Instructor's Name E. Tarvin 341-4482

Note to Guardian/Teacher: Observation times should be agreed upon by both you and Student Observer. *This is an official document, which is an important part of the student's educational record. Please verify that hours are accurate and sign each day. Thank you for enabling this student to complete this assignment.*

PRINT CLEARLY

Student Name _____

Student Cell/Email _____

Guardian/Teacher(s) Name (first/last) _____

Guardian/Teacher(s) Contact info (phone or email) _____

Date	Times In/Out (round to nearest quarter hour)	Total Hours	Guardian/Teacher Signature (please sign in ink each time)	Student Signature

Twenty-four (24) hours of observations are required in total for this course. Record ONLY six (6) hours on this sheet. Student must submit to his or her instructor at the end of observations.