



SUNY ORANGE

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Observation Hours Recording Document

EDU 201 OBSERVATION AND ASSESSMENT SUNY LAB SCHOOLS

Semester/Year Fall 2015

Instructor's Name E. Tarvin 341-4482

Note to Host 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 allowing this student to observe in your classroom.***

PRINT CLEARLY

Student Name _____

Student Cell/Email _____

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

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

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