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**Observation Hours Recording Document**

**EDU 201 OBSERVATION AND ASSESSMENT**

**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* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Observation Site/Town* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Host Teacher(s) Name (first/last) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

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| --- | --- | --- | --- | --- |
| **Date** | **Times****In/Out****(round to nearest****quarter hour)**  | **Total** **Hours** | **Teacher Signature****(please sign in ink each time)** | **Student Signature** |
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**Twenty-four (24) hours of observations are required in total. Record ONLY twelve (12) hours on this sheet. Student must submit to his or her instructor at the end of observations.**

***Revised 08/06/15***