University of Wisconsin - La Crosse
UW-L School of Education

FIELD EXPERIENCE SIGN-IN SHEET

Semester: ☐ Fall ☐ Spring Year: _____

Name (Please Print): _____

Cooperating Teacher: _____ School: _____

Grade Level(s): _____ Subject(s): _____

University Instructor: _____ Course Number: _____

Date	In	Out	# Hours	TOTAL

Date	In	Out	# Hours	TOTAL
Total Hours for Semester **Student must total all semester hours in order to receive credit.**				

Student Signature **Cooperating Teacher** **University Instructor**

05/2009