

Office of Field Experience

Fieldwork Log for repeated work for same site (updated Fall 2020)

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Field Site: _____

Field Site Address: _____

Course: _____ Semester/Year: _____

Total Hours for this Experience: _____

Name of Cooperating Teacher (CT) (please print): _____

or Name of Assigned Supervisor (AS) (please print): _____

Email of person listed above: _____

Date	Time	Description of the Experience	Initials

