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## Field Experience Hours Log-Fall

Student Name: J# Date:

CUNE Course: Professor:

(If not for a particular course, write IND for independent.)

Coop Name and Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School or Site: \_\_\_\_\_ Grade: \_\_\_\_ Subject: \_\_\_\_\_\_\_\_\_\_\_\_\_

City, State:

*List the hours of field experience completed and have your cooperating teacher sign the form upon completion of the experience. Add your signature and submit to the Concordia Field Experience Office, THOM 214.*

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Aug** | **Hours** | **Sept** | **Hours** | **Oct** | **Hours** | **Nov** | **Hours** | **Dec** | **Hours** |
| 1 |  | 1 |  | 1 |  | 1 |  | 1 |  |
| 2 |  | 2 |  | 2 |  | 2 |  | 2 |  |
| 3 |  | 3 |  | 3 |  | 3 |  | 3 |  |
| 4 |  | 4 |  | 4 |  | 4 |  | 4 |  |
| 5 |  | 5 |  | 5 |  | 5 |  | 5 |  |
| 6 |  | 6 |  | 6 |  | 6 |  | 6 |  |
| 7 |  | 7 |  | 7 |  | 7 |  | 7 |  |
| 8 |  | 8 |  | 8 |  | 8 |  | 8 |  |
| 9 |  | 9 |  | 9 |  | 9 |  | 9 |  |
| 10 |  | 10 |  | 10 |  | 10 |  | 10 |  |
| 11 |  | 11 |  | 11 |  | 11 |  | 11 |  |
| 12 |  | 12 |  | 12 |  | 12 |  | 12 |  |
| 13 |  | 13 |  | 13 |  | 13 |  | 13 |  |
| 14 |  | 14 |  | 14 |  | 14 |  | 14 |  |
| 15 |  | 15 |  | 15 |  | 15 |  | 15 |  |
| 16 |  | 16 |  | 16 |  | 16 |  | 16 |  |
| 17 |  | 17 |  | 17 |  | 17 |  | 17 |  |
| 18 |  | 18 |  | 18 |  | 18 |  | 18 |  |
| 19 |  | 19 |  | 19 |  | 19 |  | 19 |  |
| 20 |  | 20 |  | 20 |  | 20 |  | 20 |  |
| 21 |  | 21 |  | 21 |  | 21 |  | 21 |  |
| 22 |  | 22 |  | 22 |  | 22 |  | 22 |  |
| 23 |  | 23 |  | 23 |  | 23 |  | 23 |  |
| 24 |  | 24 |  | 24 |  | 24 |  | 24 |  |
| 25 |  | 25 |  | 25 |  | 25 |  | 25 |  |
| 26 |  | 26 |  | 26 |  | 26 |  | 26 |  |
| 27 |  | 27 |  | 27 |  | 27 |  | 27 |  |
| 28 |  | 28 |  | 28 |  | 28 |  | 28 |  |
| 29 |  | 29 |  | 29 |  | 29 |  | 29 |  |
| 30 |  |  |  | 30 |  | 30 |  | 30 |  |
| 31 |  |  |  | 31 |  |  |  | 31 |  |

Total Hours

Completed:

Signature of Cooperating Teacher:

(Required)

Signature of Concordia Student:

(Required)