

LONG ISLAND UNIVERSITY
SCHOOL OF EDUCATION

STUDENT TEACHER TIMESHEET AND ACTIVITY LOG

Name _____ ID # _____
School _____ Grade _____ Cooperating Teacher _____

Date	Time In	Time Out	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Cooperating
Teacher _____

Date	Time In	Time Out	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Cooperating
Teacher _____

Date	Time In	Time Out	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Cooperating
Teacher _____

Date	Time In	Time Out	Comments
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Signature of Cooperating
Teacher _____

Signature of University Supervisor _____ Date _____

TO BE SIGNED AT THE END OF EACH MONTH