Houston Community College

FIELD EXPERIENCE DOCUMENT LOG

Students, please use this form to record the number of hours per visit that you serve at the field experience site. When you have completed your field experience hours, please turn this log in to your instructor.

Student Name _____ Phone _____
Professor Name _____
School Name _____ Phone _____
Cooperating Teacher Name _____

Date	Time In	Time Out	Activity	Cooperating teacher signature	Total hou

Ending date _____ **Total Hours Completed** _____