



College of Education
Office of Field Experiences

Early Field Experiences/Internship I Student Weekly Log Sheet

Student: _____ SID #: _____ Program/Block: _____

Semester & Year _____ Campus/District: _____

Principal: _____ Mentor Teacher: _____

DATE/HOURS	Summary of Lesson/Activities Taught or Participated in daily	Mentor Teacher Signature



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TOTAL HOURS: _____

University Instructor Signature: _____

Date Completed: _____