HARRIS-STOWE STATE UNIVERSITY

DEPARTMENT OF TEACHER EDUCATION

Form 6.1

DOCUMENTATION OF CLASSROOM OBSERVATIONS/FIELD EXPERIENCES
❑ EDUC ❑ PSY ❑ PED

SEMESTER	YEAR	
STUDENT	STUDENT ID No.	GRADE/ROOM #
SCHOOL SITE	PRINCIPAL	
COOPERATING TEACHER	SCHOOL PHONE	

DATE	TIME IN	TIME OUT	HOURS	SIGNATURE COOP TEACHER

TOTAL HOURS

Revised 8.2.10

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