Practicum Time Sheet, p. 1
Department of Early Childhood and Special Education
Valdosta State University
(Place the completed form in the portfolio.)

To be completed by practicum student:

Practicum Student _____ Semester _____ Course _____

Practicum Instructor _____ University Supervisor _____

School _____ Grade level _____ Mentor Teacher _____

Scheduled Days and Hours _____

Date	Time in	Time out	Hours	Explanation of Deviations of Days and Hours
	Total Time, p. 1 =			(Must total 100 hours for all practica experiences for "S.")

Mentor Teacher Signature _____ **Date** _____

Practicum Time Sheet, p. 2
Department of Early Childhood and Special Education
Valdosta State University
(Place the completed form in the portfolio.)

To be completed by practicum student:

Practicum Student ______________________ Semester ____________ Course ____________

Practicum Instructor ______________________ University Supervisor ______________________

School ____________ Grade level ____________ Mentor Teacher ______________________

Scheduled Days and Hours ____

Date	Time in	Time out	Hours	Explanation of Deviations of Days and Hours
	Total Time, p. 2 =			
	Total Time, p. 1 =			
	Grand Total of Time =			(Must total 100 hours for all practica experiences for "S.")

Mentor Teacher Signature ______________________ **Date** ____________

Comments of the Mentor Teacher: Please attach additional comments on a separate sheet.