***Practicum Time Sheet, p. 1***

***Department of Initial Teacher Preparation Services***

***Valdosta State University***

***(The completed form will be placed in the practicum folder by the practicum instructor.)***

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** | **Mentor’s**  **Initials** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Total Time, p. 1 =** | |  | (Must complete required days in the field for practicum experience for “S.”) |  |

**Mentor Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Practicum Time Sheet, p. 2***

***Department of Initial Teacher Preparation Services***

***Valdosta State University***

***(The completed form will be placed in the practicum folder by the practicum instructor.)***

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** | **Initials** |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | **Total Time, p. 2 =** | |  |  |  |
|  | **Total Time, p. 1 =** | |  |  |  |
|  | **Grand Total of Time =** | |  | (Must complete required days in the field for practicum experience for “S.”) |  |

**Mentor Teacher Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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