Salem STATE | UNIVERSITY

Early Childhood/Elementary/Middle/Secondary Undergraduate Pre-Practicum Attendance Form

Student Name: _____Student I.D._____

Semester: _____ SSU Course:_____

School: _____Age/Grade: _____

Community: _____ Cooperating Teacher: _____

Date	Classroom Experiences	Clock Time	Hours

Date	Classroom Experiences	Clock Time	Hours

General comments on student's observation and participation (optional):

Signature of Student: _____ Date _____

Signature of Cooperating Teacher: _____ Date _____

Signature of Course Instructor: _____ Date:_____

Total Number of Hours _____