

Semester: Fall Spring Summer Year _____

TEA ID# _____

TCU STUDENT

Last First Middle

TCU ID# (Last 4 Digits)

Certification / Major	Course Name & Number
TCU COE Instructor or Field Supervisor	Start Date: End Date:

DATE	START TIME	END TIME	TOTAL TIME *Observing	TOTAL TIME *Interacting	Grade Level & Subject	ACTIVITY TYPE(S) *Please check all that apply.
1	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:

Video Title
Provider (URL)

Reflection:

2	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:
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Video Title
Provider (URL)

Reflection:

3	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:
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Video Title
Provider (URL)

Reflection:

4	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:
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Video Title
Provider (URL)

Reflection:

5	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:
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Video Title
Provider (URL)

Reflection:

TOTAL MINUTES	*Observing	*Interacting	TOTAL HOURS	*Observing	*Interacting
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***Observing:** Watching and no interaction with student(s)
 ***Interacting:** Assisting or teaching an individual or more than one student.
 *Per [TEA Texas Administrative Code §228.35](#) (b)(1) & (e) (1) (B) A maximum of 15 hours may be documented for online/video field experiences.

TOTAL TIME: