

PRINT

LONG ISLAND UNIVERSITY
SCHOOL OF EDUCATION – FIELDWORK TIMESHEET

PRINT

YOUR NAME _____ SEMESTER: Fall / Spring / Summer YEAR _____

UNDERGRADUATE ___ GRADUATE ___ TAL CLASS _____ PROFESSOR _____

FIELDWORK SCHOOL _____ GRADE/CLASS _____ TEACHER _____

	DATE	TIME	#HRS	DESCRIPTION OF WORK
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				
12				

Total Hours Completed:

Teacher's Name: _____ Signature: _____ Date: _____
(print)

LIU Professor's Name: _____ Signature: _____ Date: _____
(print)