

# Field-Based Experience Log

Candidate for Texas Certification

Instructions: During your field experience time on a campus, you will document your time working with students in the cassroom. Please ensure that the Cooperating Teacher verifies your presence and engagement by providing their signature at the end of each visit. Your signature indicates the information and hours are factual. Field experience hours will only be accepted using this form. Print legibly using only blue/black ink. A separate form **MUST** be used for each Nelson University **course** requiring observation hours.



Student Name:	Semester:
Professor Name:	Course Name/Code:
School District/ School Campus Observed:	Teacher(s) Observed:

Date (MM/DD/YYYY)	Time In (00:00 XM)	Time Out (00:00 XM)	Total Time	Grade / Subject Area	Interactive Elements (Activities in which YOU participated).	Observing Teacher(s) Signature

Written Reflection: Reflect on today's interactive experience and tie it to what you learned in this course.

Date (MM/DD/YYYY)	Time In (00:00 XM)	Time Out (00:00 XM)	Total Time	Grade / Subject Area	Interactive Elements (Activities in which YOU participated).	Observing Teacher(s) Signature

Written Reflection: Reflect on today's interactive experience and tie it to what you learned in this course.

Office Use Only:

Total Hrs \_\_\_\_\_ / Minutes \_\_\_\_\_

Teacher Education Department, 1200 Sycamore St., Waxahachie, TX. 75165

Date (MM/DD/YYYY)	Time In (00:00 XM)	Time Out (00:00 XM)	Total Time	Grade / Subject Area	Interactive Elements (Activities in which YOU participated).	Observing Teacher(s) Signature

Written Reflection: Reflect on today's interactive experience and tie it to what you learned in this course.

Date (MM/DD/YYYY)	Time In (00:00 XM)	Time Out (00:00 XM)	Total Time	Grade / Subject Area	Interactive Elements (Activities in which YOU participated).	Observing Teacher(s) Signature

Written Reflection: Reflect on today's interactive experience and tie it to what you learned in this course.

Date (MM/DD/YYYY)	Time In (00:00 XM)	Time Out (00:00 XM)	Total Time	Grade / Subject Area	Interactive Elements (Activities in which YOU participated).	Observing Teacher(s) Signature

Written Reflection: Reflect on today's interactive experience and tie it to what you learned in this course.