

## STUDENT TEACHING RECORD OF HOURS

Name of Student Teacher \_\_\_\_\_ Student ID # \_\_\_\_\_

Current Semester & Year \_\_\_\_\_ TC Course Number \_\_\_\_\_

Subject \_\_\_\_\_ Specific Grade Level(s): \_\_\_\_\_

Name of School \_\_\_\_\_ City, State \_\_\_\_\_

Cooperating Teacher \_\_\_\_\_

TC Program \_\_\_\_\_

TC Program Coordinator \_\_\_\_\_

TC Field Supervisor \_\_\_\_\_

Check only **ONE** box:  1st Placement  2nd Placement  3rd Placement  Specify Other: \_\_\_\_\_

### I. **ACTUAL TEACHING HOURS (A):**

These hours indicate when a student teacher has responsibility for instruction of students in a full-time classroom teaching situation, tutoring of small groups or individuals, laboratory and studio work with students, or supervision of homeroom and study halls. *Note: The number of hours required vary by program. Individual TC program requirements typically require more hours than the minimum state regulations, so be sure to check your program requirements.*

Number of Actual Teaching Hours (A):

### II. **TEACHING SUPPORT ACTIVITIES OR OBSERVATIONS (B):**

These hours indicate those activities in which students teachers engage during the school day to support and inform their instruction of students and their own development as teachers. These activities might include: conferencing with or observing the cooperating teacher; participating in curriculum planning/committee meetings; attending staff meetings; sitting in on parent-teacher conferences (if appropriate); etc.

Number of Teaching Support Activities/Observation Hours (B):

**TOTAL NUMBER OF HOURS (A + B):**

*The time records above present the total clock hours recorded by the above named student.  
If all the information is complete, and to your knowledge correct, please sign this form.*

Signature of Cooperating Teacher: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of Student Teaching Coordinator or Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*DUE BY LAST DAY OF TC CLASSES\*\*\***