Rev. 8/1/07

Midway College

Teachers: Professional Leaders Making a Difference

END-OF-SEMESTER DOCUMENTATION OF HOURS

Student's Name _____ **Cohort** _____ **Semester/Year** _____

School _____ **Teacher (First)** _____

Grade Level _____ **(Last)** _____

TOTAL HOURS (CLINICAL+OBSERVATION) _____

Demographics of Students in the Class (indicate the # in each category): Total Students _____

_____ Hispanic _____ African-American _____ White _____ Asian

_____ Other

_____ Male _____ Female _____ Total IEPs

Directions: Field Placement students should list the date and hours of field placement activities during the semester. **(One placement per sheet.)**

Date	Number of Observation Hours	Number of Clinical Hours	Number of Diverse Hours (Must be Clinical)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Current Semester	**Total Observation: ____**	**Total Clinical: ____**	**Total Diverse ____**

Supervising Teacher's Signature _____ **Date** _____

Student's Signature _____ **Date** _____

I verify that these dates are correct. I understand that any falsification of this form will be considered as plagiarism and will thereby result in disciplinary action in accordance with the Midway College Academic Honesty Policy.