

Early Childhood Education Program ECE 232, Early Childhood Practicum Semester Term: _____

Student's Name:

Program Model: _____

Is the site accredited: yes or no

Class Instructor's Name:

Documentation and Hours Tally Form

Date	Time	Time	Daily	Cooperating Teacher's Sig.
	In	Out	Total	l eacher's Sig.

Documentation and Hours Tally Form

Date	Time In	Time Out	Daily Total	Cooperating Teacher's Sig.
	111	Out	Total	Teacher 8 Sig.

Total hours completed: _____

Student's Signature

Director's Signature

Cooperating Teacher's Signature

Instructor's Signature

(Sign after receiving the letter from the director)

This sheet will be turned in along with a letter from the director, on institutional letterhead, stating that the student has fulfilled the hours required for the completion of the practicum at your site. Hand in original and keep a copy for your portfolio