FIELD EXPEREINCE TIME SHEET
College of Education
Certification and Field Experiences

COURSE	**EDU 220L**
SEMESTER	_____
YEAR	_____

Candidate Name		**Student ID**	
MSU-B Instructor		**Phone Number**	
Site Supervisor		**Phone Number**	

Field Experience Site	

Demographics of Individuals Served: (circle your response)
Age range of individuals

Infant/Toddler **Preschool** **Grades K-3**
Grades 4-6 **Grades 7-8** **High School**

Date	Time In	Time Out	Hours	Site Supervisor Signature

Date	Time In	Time Out	Hours	Site Supervisor Signature

TOTAL HOURS COMPLETED _____