



BELLARMINE UNIVERSITY

FIELD PLACEMENT LOG OF HOURS

Name of Student: _____

Name of School Site: _____

Name of Principal: _____

Host Teacher(s): _____

Subject/Grade: _____

Semester: _____

Year: _____

	Date/Week	Time IN & OUT	Tasks Performed in Placement(s)	Authorized Signature
1)				
2)				
3)				
4)				
5)				
6)				
7)				
8)				
9)				
10)				
11)				
12)				
13)				
14)				
15)				
16)				

_____ (Total Number of Hours)

My signature indicates that the information above is true and accurate to the best of my knowledge.

Student signature

Date

Cooperating Teacher

Date