ANGELO STATE UNIVERSITY
FIELD EXPERIENCE LOG

Student's Name _____ Student ID _____
Student's Email _____ Program: [ ] ECH- 6 Generalist [ ] Grades 4-8 or 8-12

INSTRUCTIONS: For each observation, please document the length of time. Please provide teacher name, email, school and district names. A minimum of 30 clock-hours is required for most initial certification programs.

Date	**Time Observing**	**Teacher Name & Signature**	**Teacher Email**	**School Campus & District Name**