

Hours Log Sheet

Applicant Name: **Lee Anne Velez**

School/Subject/Grade level: **SPEB**

Supervisor at School Site: **Shereese Rhodes**

Date	Total Hrs.	Indicate how you spent your time. Planning, Teaching and Assessing, Conferring with Mentor, Communicating with Parents, Professional Development, Volunteer Event	Location
		Supporting Partnerships In Education & Beyond (SPEB)	
2/1/23	1.5	SPEB Cafe Planning	online
2/8/23	1.5	SPEB Cafe Planning	online
2/11/23	7.0	SPEB Community Cafe	Federal Way Community Center
3/6/23	1.5	SPEB Cafe Planning	online
3/29/23	7.0	SPEB Community Cafe	Highline CC
4/13/23	1.5	SPEB Cafe debrief & planning	online
4/29/23	7.0	SPEB Community Cafe	Highline CC

Forty hours at a K-12 public school within the past five years is expected. Please have this form signed by the volunteer coordinator or supervisor at the school or community organization and upload it with your Master in Teaching Program application.

Signature and Date

Supervisor at public school: Shereese Rhodes Date: 6/4/24 ✓

Applicant: _____ *Lee Anne Velez* _____ *Date:* _____