School Observation Hours Log Sheet

**Teacher Candidate:**

**School/Subject/Grade level:**

**Mentor Teacher:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Date** | **Time-In** | **Time-Out** | **Total Hrs.** | **Indicate how you spent your time.****Planning, Teaching and Assessing, Conferring with Mentor, Communicating with Parents, Professional Development.** |  |
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## Please return this signed form to Maggie Foran, Associate Director, Teacher Education Programs, The Evergreen State College, Sem 2 A 2117, 2700 Evergreen Parkway NW, Olympia, WA 98505 if you are a Master in Teaching Program applicant.

## Signature and Date

Mentor Teacher: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher Candidate: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_