Illinios Wesleyan University

Field Experience Log

Your Name:			Course Number:	
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Location School/Site:		1	Semester/Year: ex. Fall 2024	
Cooperating Teacher :		1	Setting-Grade&Subject Taught:	
			MidtermFinal	(check one)
Date (mo/day/yr)	Time (start-stop)	No. of Hours	Activities: M	Vhat did you do?
Date (IIIO/ day/ yi /	Time (Start-Stop)	(e.g: .75, 1.25)	Activities. What did you do:	
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	Total hours=			
I certify that the listed hours are correct				
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IWU Instructor Signature/Date			Student Signature/Date	
Cooperating Teacher Signature/ Date				