

**CUMBERLAND UNIVERSITY FIELD EXPERIENCE ACTIVITY REPORT**

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Course # & Title: \_\_\_\_\_ CU Instructor: \_\_\_\_\_

Candidate Name: \_\_\_\_\_ Phone No: (\_\_\_\_) - \_\_\_\_ - \_\_\_\_

E-mail: \_\_\_\_\_

School Name/Location: \_\_\_\_\_

Grade Level \_\_\_\_\_ Secondary school Subject: \_\_\_\_\_ (if applicable)

Cooperating Teacher's Name: \_\_\_\_\_

Cooperating Teacher's E-mail Address: \_\_\_\_\_

**ACTIVITY LOG**

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Date	Time	Hours	Type of Activities	Cooperating Teacher Signature

**Total Observation Hours:** \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

**OTHER FIELD EXPERIENCE**

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Enter PRE-APPROVED activities different than traditional in-class field experiences here. Such activities must be agreed upon between candidate and instructor to count as field experiences. Candidates provide evidence of experience.

Date	Time	Hours	Type of Activities	Signature of teacher/administrator present

**Total Other Hours:** \_\_\_\_\_

**Total Field/Clinical Hours:** \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Instructor's Signature \_\_\_\_\_ Date \_\_\_\_\_

If reporting other field experience hours, attach this form to the Field Experience Activity Report.