



**WE TEACH TEXAS**

*Providing a quality education workforce across the Texas Panhandle.*

Name: \_\_\_\_\_ TEA/WT ID# \_\_\_\_\_/\_\_\_\_\_

School District: \_\_\_\_\_ School Campus: \_\_\_\_\_

Cooperating Teacher(s): \_\_\_\_\_

Cooperative Teacher Email(s): \_\_\_\_\_

Additional Line: \_\_\_\_\_

**Instructions:** Use the spaces below to report dates, time, activities, and the appropriate initials and signatures. Record your total hours. Make copies for your records and submit to your instructor.

Date	No. of Hours	Grade Level	Description of Activities	Cooperating Teacher Initials
Total Hours:		<b>Note to Cooperative Teacher:</b> Your signature verifies the completion of the total field experience hours indicated.		

Teacher's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_

Principal's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: \_\_\_\_\_