

RECORD OF VISITATIONS FORM

Candidate's Name: _____ Phone: _____

DIRECTIONS: For each visit to a classroom, you are to record the data below. When completed, this form is to be attached to the "Field Observation Reflection". Forms are submitted for review to your professor or the Office of Field Placements (Room K213). When the forms have been reviewed, the entire packet will be placed in your file as evidence of completion of a program requirement.

| DATE OF OBSERVATION | # OF PERIODS | TOTAL HRS FOR THIS OBSERVATION | TOTAL HRS. INCLUDING THIS OBSERVATION | SCHOOL & CLASSROOM VISITED |
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Reviewed by: _____ Date: _____
 Signature of School Administrator/Classroom Teacher