Barnard College Education Program

STUDENT TEACHING HOURS

Student Teacher _____________________________________________________________

Month/Year of Graduation _______________

School ____________________________ Subject ____________ Grade ________

Cooperating Teacher _________________________________________________________

Period of Student Teaching: From ________________ To ________________

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Total Time Spent in: Number of Hours:

Observation/Preparation with Cooperating Teacher

Teaching

TOTAL HOURS:
(You can anticipate your hours during the last week of student teaching.)

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Approved by:

Cooperating Teacher’s Signature

Director of the Education Program

Student Teacher’s Signature

Date

Note: Return this form to the Education Program office during the last week of student teaching. Please attach all of your Student Teaching Record forms with this form as the cover sheet.