



School of Education STUDENT TEACHING LOG

Student's Name: _____ Date: _____

Cooperating Teacher: _____

School: _____ Grade/Subject: _____

The cooperating teacher must sign for each day.

Date	Time Began	Time Ended	Total Time Hrs./Min. (round down)	Activities	Teacher's Signature
Total Time				Students must submit their hours in total after student teaching has concluded to the Director of Student Teachers in the Technology building, room T-233C or you may scan this and email it to geraldine.trujillo@csupueblo.edu .	

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