Fieldwork Experience Log

Candidate Name: _____ ID: _____
Course: _____ Semester: _____
Iona Faculty: _____
Minimum Course Hours Required: _____ Total Hours Completed: _____

Fieldwork Site, City and State: _____
_____
Fieldwork Site Contact(s): _____

Grade level(s) and/or Subject(s) observed (incl. Special Education/ENL):
_____

Cooperating Teacher Name/Signature: _____

Observation Fieldwork Hours

Date	Site	Grade Level	Subject Area	# of Hours	Authorized Signature
Total Hours					

Please complete additional worksheets as needed.

Other Fieldwork Hours (non-observation hours):

Date	Activity	# of hours
Total # of Hours:		

Please complete additional worksheets as needed.