

Name of Intern _____ Harding # _____ Semester _____ Yr. _____

Area of Licensure _____ Cooperating Teacher _____ University Supervisor _____

School and District _____ Grade/Teaching Field _____

Activity and Attendance	Makeup	WEEKS																		Total
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	
1. Observation Hours																				
2. Teaching Hours																				
3. Conference Hours																				
4. TOTAL HOURS																				
5. Days Absent																				
6. Days Present																				
7. Cooperating Teacher's Initials																				

Signed _____
Intern

Signed _____
Cooperating Teacher

Please return to:
Professional Field Experiences
Harding University
Box 12254
Searcy, AR 72149-2254