

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:**  
 MAT Office  
 Harding University  
 Attn: Chris Williams  
 Box 12254  
 Searcy, AR 72149