

Clinical/Practicum Time Sheet
University of South Carolina Upstate
School of Education

Semester: _____

Course: _____

Student name: _____

Professor name: _____

School: _____

Cooperating teacher name: _____

Date	Subject taught/observed	Time in	Time out	Total time

Total time: _____

The above record is true and accurate.

Teacher candidate signature

Cooperating teacher signature

* A copy of this form must be given to EACH practicum professor at the end of the practicum.