

<input type="checkbox"/> Check here if you are graduating this semester
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<b>For Office Use Only</b>
Date Received: _____

# STUDENT TEACHING RECORD OF HOURS

Directions: Please use dark ink and submit via one of the following methods: 1) Email to [ote@tc.edu](mailto:ote@tc.edu), 2) Fax to (212)678-3153, or 3) Drop off at Zankel, Room 411.

Name of Student Teacher \_\_\_\_\_ TC T# \_\_\_\_\_

Semester & Year \_\_\_\_\_ Grade Level(s) Taught \_\_\_\_\_

Program & Course Code—Select one code from the list below: \_\_\_\_\_

Applied Behavior Analysis HBSE 4704	Deaf & Hard of Hearing HBSE 4707	English A&HE 4750 / 4751	Music A&HM 4711 (Secondary)	Social Studies A&HW 4729/ 4730
Art A& HA 4722 (Elem)	Early Childhood C&T 4708	Intellectual Disability/Autism HBSE 4701	Phys Ed BBSR 4700 / 4705	Technology Specialist MSTU 4700
Art A& HA 4702 (Secondary)	Elementary BBE C&T 4729	Math MSTM 4760	Science MSTC 4761 / 4762	TESOL A&HT 4776 (Fall)
Bilingual/Bicultural Ed A&HB 4720 / 4721	Elementary Inclusive C&T 4726	Music A&HM 4701 (Elem)	Secondary Inclusive Ed (SIE) C&T 4705	TESOL A&HT 4777 (Spring)

**Note: If your course is not on the above list, you should not use this form.**

Name of School \_\_\_\_\_ City/Borough \_\_\_\_\_

Name of Cooperating Teacher and Email \_\_\_\_\_

Name of TC Field Supervisor \_\_\_\_\_

Check only **ONE** box:  1<sup>st</sup> Placement  2<sup>nd</sup> Placement  3<sup>rd</sup> Placement  Specify Other: \_\_\_\_\_

## I. TEACHING HOURS:

Teaching hours include time spent instructing or interacting with students or supervision of homeroom and study halls. **Note: The number of hours required vary by program. Individual TC program requirements typically require more hours than the minimum state regulations, so be sure to check your program requirements.**

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## II. OBSERVATION AND SUPPORT HOURS: (Subtract teaching hours from total hours.)

These hours might include: observing the cooperating teacher or other teachers in the school; attending professional development or staff meetings; sitting in on parent-teacher conferences (if appropriate); etc.

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**TOTAL NUMBER OF HOURS:**

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*The record above represents the total clock hours recorded at the designated school site. If all the information is accurate and correct, please sign this form. Note: These hours will be recorded on the official transcript.*

Signature of Cooperating Teacher or TC Faculty \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

Semester & Year: \_\_\_\_\_

Directions: Record the time you began working and finished working at your assigned school. Please round to the nearest half hour.

	Date	Time-in	Time-out	Total Hours	Teaching Hours
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
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23					
24					
25					
26					
27					
28					
29					
30					
31					
32					
33					
34					
35					
TOTAL					

	Date	Time-in	Time-out	Total Hours	Teaching Hours
36					
37					
38					
39					
40					
41					
42					
43					
44					
45					
46					
47					
48					
49					
50					
51					
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57					
58					
59					
60					
61					
62					
63					
64					
65					
66					
67					
68					
69					
70					
TOTAL					