

# SOUTHERN ILLINOIS UNIVERSITY EDWARDSVILLE

## SCHOOL OF EDUCATION CLOCK HOURS

Pre-student Teaching Clinical Experience  
Participation Record and Verification

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

Major (Check one):

- |  |  |                                     |                                    |
|--|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> ECHOS             | <input type="checkbox"/> Early Childhood | <input type="checkbox"/> Elementary | <input type="checkbox"/> Secondary |
| <input type="checkbox"/> Special Education | <input type="checkbox"/> Kinesiology     | <input type="checkbox"/> Art        | <input type="checkbox"/> Music     |

Major (secondary education only): \_\_\_\_\_

Name of school visited: \_\_\_\_\_

SIUE Course Name: \_\_\_\_\_

- Check one:     Elementary Partnership     Early Childhood Partnership     Secondary Partnership
- |                                 |  |  |  |
|---------------------------------|--|--|--|
| <input type="checkbox"/> CI 200 | Kinesiology<br><input type="checkbox"/> 330 <input type="checkbox"/> 435 | Special Ed<br><input type="checkbox"/> 401 <input type="checkbox"/> 402 <input type="checkbox"/> 418 | Art<br><input type="checkbox"/> 300B <input type="checkbox"/> 289 <input type="checkbox"/> 365 |
|---------------------------------|--|--|--|

It is the student's responsibility to see that an accurate record of participation is maintained and that proper verification is secured. Pre-student teaching clinical experiences are required for teacher certification. At the end of the course, turn this record into OCECA: Founders Hall, Room 1110, Box 1062, Edwardsville, IL 62026.

*Each student is encouraged to keep a copy of these hours for your own record.*

DATE	TIME IN	TIME OUT	TOTAL TIME (in hours)	TEACHERS NAME (Print)	TEACHERS SIGNATURE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**OVER**

*Cooperating teachers should keep a copy of this completed sheet as evidence for CPDU credit.*

