

Semester:  Fall  Spring  Summer Year \_\_\_\_\_

TEA ID# \_\_\_\_\_

**TCU STUDENT**

Last First Middle

TCU ID# (Last 4 Digits) \_\_\_\_\_

Certification / Major	Course Name & Number
TCU COE Instructor or Field Supervisor	Start Date: End Date:

DATE	START TIME	END TIME	TOTAL TIME *Observing	TOTAL TIME *Interacting	Grade Level & Subject	ACTIVITY TYPE(S) *Please check all that apply.
1	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:

Video Title  
Provider (URL)

**Reflection:**

2	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:
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Video Title  
Provider (URL)

**Reflection:**

3	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:
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Video Title  
Provider (URL)

**Reflection:**

4	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:
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Video Title  
Provider (URL)

**Reflection:**

5	<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	minutes	minutes		<input type="checkbox"/> Observation <input type="checkbox"/> One-on-One <input type="checkbox"/> Small Group <input type="checkbox"/> Whole Class <input type="checkbox"/> Other:
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Video Title  
Provider (URL)

**Reflection:**

<b>TOTAL MINUTES</b>	*Observing	*Interacting	<b>TOTAL HOURS</b>	*Observing	*Interacting	<p><b>*Observing:</b> Watching and no interaction with student(s)  <b>*Interacting:</b> Assisting or teaching an individual or more than one student.            *Per <a href="#">TEA Texas Administrative Code §228.35</a> (b)(1) &amp; (e) (1) (B) A maximum of 15 hours may be documented for online/video field experiences.</p>
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**TOTAL TIME:** \_\_\_\_\_