

SOUTHWESTERN COLLEGE

2625 East Cactus Road

Phoenix, Arizona 85032

Directed Student Teaching Record for Spring/Fall Semester 20_____

(Please print in ink. See reverse side for directions.)

Student Teacher _____

Address _____ Telephone _____
Street City State Zip

School _____ School Address _____
Street City State Zip

Grade(s) _____ Subject(s) taught _____

Cooperating Teacher _____ Start date: _____ End date: _____

Type of School: Traditional Public Urban/Diverse/Title I Charter Private (Check all that apply.)

NUMBER OF HOURS: 540 Hours of Directed Student Teaching (Minimum of 15 weeks) = 12 semester credit hours

<i>Weeks 1-16 Record dates:</i>	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	Totals:
Observation & Participation																	
Actual teaching																	
Preparation for actual teaching																	
Activities related to teaching																	
Total Number of Hours (per week)																	Grand total:

Cooperating Teacher's Signature

Verifying hours completed

SWC Supervisor's Signature

I certify that the above information is correct. _____ **(Date)** _____

(Director of Teacher Education)