**SPRING HILL COLLEGE**

 **Division of Teacher Education**

 **Laboratory Experience Time Record**

**To the Student:** Please fill in the information requested below. The date, time arrived, and time departed are to be recorded each day you attend. On the final day, your cooperating teacher should verify your times with his/her signature at the bottom of the form. This record of your attendance is to be returned with your observation/evaluation form.

Student:

Teacher:

Semester:

School:

**To the Cooperating Teacher:** Please initial ***daily*** to confirm student's attendance. We would also appreciate your signature at the end of the experience as verification.

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| Date | Time Arrived | Time Departed | If absent or tardy, give reason. | Teacher's Initials |
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**Verified:**

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*Signature of Cooperating Teacher*  *Date*