BROWARD COLLEGE
FIELD EXPERIENCE
LOG REPORT

All information on this form must be completed in BLUE ink

Name _____	Student ID# _____
EPI Instructor _____	**EPI 0940**

Placement School _____

Cooperating Teacher _____

Log in the date and time of each early field experience and have the cooperating teacher sign after each experience to verify attendance. Provide your cooperating teacher with a copy of this log and your education instructor with the original log when the 15 hours are completed. Remember to use blue ink.

DATE	TIME IN	TIME OUT	TOTAL HOURS	YOUR INITIALS	COOP TEACHER'S SIGNATURE

TOTAL Completed Hours _____

Cooperating Teacher Signature _____