FITCHBURG STATE UNIVERSITY

Documentation of Field-Based Activities

Candidate _____ Student ID #@_____

Course Number and Name _____

School Name_____ City/Town _____

Grade Level _____ Semester and Year _____

Date	Purpose/Activity	Time	Hours	Initials
			TOTAL HOURS	

Student Signature _____ Date_____

Supervising Practitioner Signature _____ Date_____

Course Instructor Signature _____ Date_____