Student Last Name	Student First Name	OU Email	
		@oakland.edu	
Semester, Year (F, 2017)	Field # (1, 2, 3, 4 or FF)	**Program (check one)**	
		❑ Elementary ❑ STEP ❑ K-12 Modern Language	❑ MATEE ❑ MATSE ❑ K-12 Art ❑ K-12 Music

Teacher Last Name:	Teacher First Name:
District, School:	Grade and/or Subject:

*Students should plan to attend their placement on a **consistent weekly basis for the term**. Each field placement has minimum number of hours and a minimum number of weeks required. Requirements vary by course, term, and program. This log may be initialed by the office staff or mentor teacher.*

Date	**Description of Experience** Specify type: Classroom, Small Group, Flex, etc.	Time **In**	Time **Out**	**Initials** (Office staff or Teacher)	**Hours** attended
				Total:	

Note to Student: When complete, **provide a copy of the log to your mentor teacher** and keep the original for your records for the duration of your time in the program. This log is evidence of your successful completion of the field hours, but does not need to be submitted to School and Field Services.