Lehman College
ECE 301 Field Experience Time Sheet

Name of the Student _____ **Semester** _____

Social Security # _____ **Phone #** _____

Name of Lehman Faculty _____ **Age of the Child** _____

Faculty Signature _____ **Gender of the Child** _____

Date of Observation	Hours with Child	Location	Contact Person	Activity	Areas of Development	Authorized Signature
Total Hrs						

JMF/2-2004