CLINICAL PRACTICE & PARTNERSHIPS



SCHOOL OF EDUCATION

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[www.lehman.edu](http://www.lehman.edu/)

ECE 302 Field Experience Time Sheet

**Name of the Teacher Candidate Semester Section**

**EMPLID Candidate’s Phone #**

**Name of Lehman Faculty Faculty Signature**

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| --- | --- | --- | --- | --- | --- | --- |
| **Date of Observation** | **Hours in C.B.O.** | **C.B.O. Visited** | **Address** | **Candidate’s Activity** | **C.B.O. Contact Person** | **Authorized Signature** |
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| **Total HRS** |  |  |  |  |  |  |