

PALM BEACH STATE COLLEGE
RECORD OF FIELD OBSERVATION HOURS

Course: _____ Seq. (Ref..)# _____

Student's Name: _____

SDPBC School: _____

*Field Observation Cooperating Teacher: Please confirm student's service hours by
initialing and signing after each Field Observation to verify attendance.*

Date	Time In	Time Out	Clock Hours	Cooperating Teacher's Signature

***Students should return signed log sheet to their instructor for documentation.**