

**SMI APPRENTICE
DOCUMENTATION OF HOURS (DOH) FORM**

First and Last Name _____ UCR SID # _____ Month & Year _____

Mentor Teacher's Name _____ School Name _____

School District _____ Total Number of Hours: _____ Subject Content __math __science

**** REQUIRED FOR ALL SUBMISSION:** On a separate sheet of paper, typed written descriptions and reflections about each field entry need to be accompanied with each DOH bi-weekly form.

Date	Time In	Time Out	Total Hours <i>(round to nearest qtr of the hr)</i>	Type of Activities (check all that apply)			Mentor Teacher's Signature
				<input type="checkbox"/> observed <input type="checkbox"/> assist in lesson(s) <input type="checkbox"/> planned lesson(s) <input type="checkbox"/> implemented lesson(s)	<input type="checkbox"/> parents mtg(s) <input type="checkbox"/> PLC mtg(s) <input type="checkbox"/> school staff mtg(s)	<input type="checkbox"/> school site training(s) <input type="checkbox"/> district training(s) <input type="checkbox"/> conference training(s)	
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Total Number of Hours for the Reporting Month