

**SMI SCHOLARS/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.

<b>Date</b>	<b>Time In</b>	<b>Time Out</b>	<b>Total Hours (round to nearest qtr of the hr)</b>	<b>Type of Activities (check all that apply)</b>			<b>Mentor Teacher's Signature</b>
				__ observed __ assist in lesson(s) __ planned lesson(s) __ implemented lesson(s)	__ parents mtg(s) __ PLC mtg(s) __ school staff mtg(s)	__ school site training(s) __ district training(s) __ conference training(s)	
				__ observed __ assist in lesson(s) __ planned lesson(s) __ implemented lesson(s)	__ parents mtg(s) __ PLC mtg(s) __ school staff mtg(s)	__ school site training(s) __ district training(s) __ conference training(s)	
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				<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**