EDUC 3 or EDUC 4 DOCUMENTATION OF HOURS

(circle appropriate the course)

First and Last Name Mentor Teacher's Name Total Number of H					UCR SID # Acader		nic Quarter & Year				
					School Name						
Special note: when totaling hours, please round to the nearest ½ of the hour											
Date	Time In	Time Out	Total Hours	Type of Activities (check all that apply)	Briefly describe and reflect on ea (attach additional paper, if ne	ach field entry	Mentor Teacher's Signature				
				observed assisted w/lesson(s) implemented lesson(s) planned lessons							
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Date	Time In	Time Out	Total Hours	Type of Activities (check all that apply)	Briefly describe and reflect on each field entry (attach additional paper, if necessary)	Mentor Teacher's Signature
				observed assisted w/lesson(s) implemented lesson(s) planned lessons		
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