

**EDUC 3 or EDUC 4
CLASSROOM VISITATIONS
DOCUMENTATION OF HOURS (DOH) FORM**

(circle appropriate the course)

First and Last Name _____ UCR SID # _____ Academic Quarter & Year _____

Mentor Teacher's Name _____ School Name _____

School District _____ Total Number of Hours _____ Subject Content math science

*****Special note: when totaling hours, please round to the nearest 1/4 of the hour*****

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
				<input type="checkbox"/> observed <input type="checkbox"/> assisted w/lesson(s) <input type="checkbox"/> implemented lesson(s) <input type="checkbox"/> planned lessons		
				<input type="checkbox"/> observed <input type="checkbox"/> assisted w/lesson(s) <input type="checkbox"/> implemented lesson(s) <input type="checkbox"/> planned lessons		
				<input type="checkbox"/> observed <input type="checkbox"/> assisted w/lesson(s) <input type="checkbox"/> implemented lesson(s) <input type="checkbox"/> planned lessons		
				<input type="checkbox"/> observed <input type="checkbox"/> assisted w/lesson(s) <input type="checkbox"/> implemented lesson(s) <input type="checkbox"/> planned lessons		

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To download extra copies of Documentation of Hours form, please visit <https://smi.ucr.edu/document/documentationofhoursform3-4>.