EDUC 3 or EDUC 4
CLASSROOM VISITATIONS
DOCUMENTATION OF HOURS (DOH) FORM
(DO NOT RECORD ATLAS/VIRTUAL HOURS ON THIS 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 ¼ 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
				__ observed __assisted w/lesson(s) __implemented lesson(s) __planned lessons		
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Rev. 8/30/19

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