

**SMI SCHOLARS & NOYCE SCHOLARS
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 (round to nearest qtr of the hr)	Type of Activities (check all that apply)			Mentor Teacher's Signature
				__ 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)	
				__ 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)	
				__ 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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