

**NASC 192
IN CLASS VISITATIONS
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, weekly reflections to the writing prompt provided by NASC 192 instructor will need to be included with each DOH form.

Date	Time In	Time Out	Total Hours <i>(round to nearest qtr of the hr)</i>	Type of Activities (check all that apply)	Briefly describe: <ul style="list-style-type: none"> • What was the topic covered? • What type of activity was conducted? • What was the learning approach? 	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		
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_____ **Total Number of Hours for the Reporting Month**