			Time Re	cord			
(Aft	er signature is	obtained from Cl	inical Faculty ea	ich week, scar	and attach to	Weekly Journ	al.)
Name	of Teacher (Candidate:					
Name of University Supervisor:							
Date (Week)	Non Teaching Activities*	Introductory or Assistance Types of Activities	Responsible for Teaching Entire Class	Non-class Activity*	Homework and Planning	Total Hours per week	Verified by Clinical Faculty
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
						0.00	
TD 4 1	^		^	^	^	0.00	
Total:	0	0	0	0	0	0.00	

^{*}Non-teaching activities include: observation, conferences, bus duty, hall duty, lunchroom duty, study hall, etc.

^{**} Non-class activities include: clubs, assistance in athletics, other extracurricular activities in which the teacher candidate has a leadership role with pupils.

^{***}recommend using 15 minutes increments recorded as .25 (15 minutes), .5 (30 minutes), .75 (45 minutes)