

**WHEATON TEACHER EDUCATION PROGRAM**

WheTEP

Log of Methods Practicum Hours

Name \_\_\_\_\_

School

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| Date | Time In | **Time Out** | **Total Time**  **(Hours and Minutes)** |
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Total Hours of Methods Practicum: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperating Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cooperating Teacher’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please email a copy of this LOG to your Cooperating Teacher on your last day of the practicum.

9/2020