Illinios Wesleyan University

Field Experience Log

Your Name:		**Course Number:**	
Location School/Site:		**Semester/Year:** ex. Fall 2025	
Cooperating Teacher :		**Setting-Grade&Subject Taught:**	

Date (mo/day/yr)	**Time (start-stop)**	**No. of Hours** (e.g: .75, 1.25)	**Activities: What did you do?**
	Total hours=		

I certify that the listed hours are correct

IWU Instructor Signature/Date

Student Signature/Date

Cooperating Teacher Signature/ Date