College of Education
LEHIGH UNIVERSITY

Teacher Certification Field Experience/Competency Log Sheet

Please submit a field experience log for **EACH** course

Semester: _____ Student Name (Printed):_____

Course Code and Instructor Name: _____(*i.e. SPED 123 Smith)*

Alternate Experience assigned in class: Yes ____ No____ (if Yes, *skip to "***HOURS SPENT***")*

**Alternate experience refers to an assignment by the instructor that may be an assessment review, video evaluation, or other non-school fulfillment of field experience hours at a placement site.*

Name of Field Experience Location: _____

Mentor Name: _____Email:_____

Mentor Signature:_____*Date:*_____

(If no mentor name is available, please ask a supervisor or site official to sign form)

HOURS SPENT in classroom OR on alternate experience: **Stage 1: _____ 2:_____ 3:_____**

Please list the following:

Grade:

Subject:

Reflection on experience:

Student Confirmation: I confirm by my signature below that I completed these field experiences as listed and described on this form.

Student Signature:_____***Date:***_____

Instructor Confirmation: I confirm that the above student completed the field experiences and demonstrated competencies as described in the course syllabus.

Instructor Signature:_____***Date:***_____

Note: *Student completes* ***all*** *of form except for* ***mentor/instructor signatures.***

After collecting all signatures please e-mail this log to Trish Dilg at pjd218@lehigh.edu.
Congratulations on completing this field experience!