COLLEGE OF ARTS & SCIENCES, AND EDUCATION
Office of Field Placement
2500 West North Avenue, Baltimore, Maryland 21216
Grace Hill Jacobs Room 709; (410) 951 – 3067
"Educator as Reflective Facilitator of Learning"

Initial Program Internship Timesheet

Name: _____ **Candidate ID#:** _____
University Supervisor: _____
Term: _____ **Year:** _____ **Site Name:**_____
P-12 Clinical Educator:_____ **Grade:** _____
☐ **Rotation I** ☐ **Rotation II**

Date	Time In	Time Out	Hours

Date	Time In	Time Out	Hours
		Rotation Total	

I certify that I have worked the days/hours indicated above.

Intern Printed Name	Intern Signature	Date

I certify that the Intern has worked the hours indicated above.

Mentor Teacher Printed Name	Mentor Teacher Signature	Date

Site Coordinator Printed Name	Site Coordinator Signature	Date