

ESC 302 Field Experience Time Sheet

Name of the Candidate _____ Semester _____

EMPLID _____ Candidate's Phone # _____

School's Name, #, Address _____

School's Phone # _____ Principal's Name _____

Lehman Course _____ Lehman Faculty Member _____

Date of Observation	Hours in CBO	CBO Visited	CBO Address	Candidate's Activity	CBO Contact Person	Authorized Signature
Total Hrs						