GENESEO

Please Print

Candidate:
Semester of Contact Hours:
Certification:

Sign-In Sheet

School/District:
Grade Level/Subject:

Date	Hours	Activities Performed: Observed	Activities Performed: Participated	Activities Performed: Led	Description of Activity: include type of classroom setting (i.e. subject, grade level, etc.)	Teacher's Signature
Total:						

**Return with Final Materials

I verify that I have completed a minimum of 25 contact hours with P-12 learners in a classroom setting that aligns with the area(s) in which I am seeking certifcation.

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Candidate Signature *Date*