

University of Charleston  
Education Program  
**RESIDENCY/INTERNSHIP HOURS SUMMARY SHEET**

**EDUC 494X Residency 1**

**EDUC 495X Residency II**

STUDENT NAME: \_\_\_\_\_ SEMESTER/YEAR: \_\_\_\_\_

COOPERATING TEACHER: \_\_\_\_\_ GRADE LEVEL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_

<i>Date</i>	<i>Hour(s) in Attendance</i>	<i>Observation, Participation, or Conferencing Hours</i>	<i>Student Teaching/Interning Hours (Hours of Actual Teaching/Interning)</i>
Ex: March 10, 2010	7:30-3:30	5 hours	3 hours
<b>TOTAL HOURS</b>			
<b>Cooperating Teacher/Cooperating Mentor Signature</b>			

**Please turn in to the Department of Education Office once completed.**