

EED 261 Preschool (3-5 years) Internship Time Log

Distribution: This Internship Time Log should reflect the hours worked within the timeframe of this course. **One copy of this log must be emailed the instructor upon the end date of the course or faxed to 480-377-4710 attention: Instructor Name for review.** Fill in and update directly using this digital form; save changes and upload as attachment when complete. Points will be awarded for submission AND for completion of hours. Student may add to this table if necessary. **Non-completion of entire 80 hours during the timeframe of the course will result in a failing grade.**

STUDENT NAME

COURSE START DATE

COURSE END DATE

NAME OF INTERNSHIP FACILITY

ADDRESS OF FACILITY

NAME OF DIRECT SUPERVISOR AT FACILITY

CONTACT INFORMATION FOR SUPERVISOR (E.G. PHONE NUMBER OR EMAIL)

Students may complete the required 80 hours using any combination of work hours within the course start date and course end date (e.g. students working 8 hours a day or 40 hours a week could complete all required hours within two weeks). Students must use this log to record the dates worked during the course, the time they began (time in, the time they left (time out), the total number of hours each date (total hours) and then add all the total hours completed daily to enter the Total Internship Hours. Additional page may be used, if necessary, to record all hours. (80 points)

Date	Time In	Time Out	Total Hours
TOTAL INTERNSHIP HOURS			

****I affirm that the documented hours were completed in the appropriate age group setting for this internship course. I understand that falsified hours may result in failure of this course.**

Name of Student _____ Date _____