

**Hofstra University**  
**School of Education**  
**Department of Teaching, Literacy and Leadership**

**NAME** \_\_\_\_\_

**LYST COURSE** \_\_\_\_\_

**ID#** \_\_\_\_\_

**PROFESSOR** \_\_\_\_\_

**PROGRAM OF STUDY** \_\_\_\_\_

**SEMESTER** \_\_\_\_\_

**Instructions for students:** This form documents your NYS required field work/practicum hours which are required for certification. In each course that requires field work, this completed form must be given to the course instructor. It should be signed by on-site professionals or your course instructor, as appropriate.

**Instructions for faculty:** Please make sure that students in your course complete the required field work hours and this form each semester. Your signature on this form indicates that you have confirmed and/or supervised the activities listed.

Date (s)	Age/Grade Level	Field Site	Hours	Assignment/Activities

**Faculty Signature** \_\_\_\_\_

**Total Hours** \_\_\_\_\_ (Min.10 hrs.)