

School of Education - Brooklyn College/CUNY  
STUDENT TEACHING TIME SHEET

Name (Please Print) \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_ Semester \_\_\_\_\_ Year \_\_\_\_\_

Brooklyn College Course Number/Title \_\_\_\_\_ Instructor \_\_\_\_\_

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**Grand Total** \_\_\_\_\_

Student's Signature \_\_\_\_\_ BC Instructor's Signature \_\_\_\_\_

Cooperating Teacher (Please Print) \_\_\_\_\_ Cooperating Teacher Signature \_\_\_\_\_