



TESL PRACTICE TEACHING HOURS LOG

Directions

Please record the date and number of hours spent on your practicum signed on completion of the 10 hours of practice teaching.

Student Name: _____ Student Number: _____

Practice Teaching hours and dates	Name(s) and location(s) of institution	Classroom Teacher (s)	Contact phone number(s)	Contact Email



Total Practice Teaching Hours: _____

Signature of Practicum Supervisor: _____

Signature of Student: _____

Date: _____