The University of Memphis
Office of Teacher Education

Clinical Experience
Sign-In Sheet

Student: _____

SSN: _____ **Semester & Year:** _____ **Course Number:** _____

Instructor: _____ School: _____

Date	Teacher's Signature	Time In	Time Out	Total Time

Note: This form should be turned in to your instructor. You should keep a copy for future reference when filling out your student teaching application.