

## Time Report

Record the number of hours in observation and completion of activities during the 50-hour observation period below:

<u>Date</u>	<u>Activities</u>	<u>Hours</u>
<u>TOTAL Hours for Ag Ed 250</u>		

**To Cooperating Field Supervisor:** Please sign below to indicate that the student completed all required activities.

*To the best of my knowledge, the student completed the requirements of this early field experience course, and the hours indicated above are correct.*

\_\_\_\_\_  
Cooperating Field Supervisor

**Additional Comments:**

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