UNIVERSITY OF HOUSTON-VICTORIA
SCHOOL OF EDUCATION

Observation/Practicum Attendance Record

Name: _____ Student ID #: _____

UHV Course/Instructor	School Visited	Date:	Cooperating Teacher completes this boxed in section: NUMBER OF HRS:MIN PK-4th	4th-8th	8th-12th	Teacher Signature
		__/__/__				
		__/__/__				
		__/__/__				