

## Alternate Chapel Petition Student Teaching Observation Form

**To be completed by the student**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID: \_\_\_\_\_ Email: \_\_\_\_\_

Class Requiring Observations: \_\_\_\_\_ # of Observation Hours Required: \_\_\_\_\_

School Where I'm Observing: \_\_\_\_\_ # of Observation Sessions: \_\_\_\_\_

Below, please provide the dates and times you will be observing in a classroom this semester:

Day of the week	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
<b>Dates I will be observing</b>							
<b>Hours spent observing</b>							

**To be completed by the supervisor**

Supervisor Name: \_\_\_\_\_ Supervisor Position: \_\_\_\_\_

Supervisor Email: \_\_\_\_\_ Supervisor Phone: \_\_\_\_\_

I attest that the above dates and hours provided by the student are an accurate representation of the time they will spend observing in my classroom.

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Campus Ministries**

William Jessup University

[campusministries@jessup.edu](mailto:campusministries@jessup.edu) | (916) 577-2317