

Chapel Petition Student Teaching Observation Form

NOTE: This form alone is NOT a Chapel Petition. This form must be uploaded to page 3 of the online Chapel Petition. Paper forms turned in to the Student Life Office without the online portion completed will not be accepted or approved.

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.
Dates I will be observing							
Hours spent observing							

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 | (916) 577-2317