

**CHILD DEVELOPMENT 130 SUPERVISED FIELD EXPERIENCE
WORK EXPERIENCE RECORD**

Student Name _____

Semester _____

Circle: 130B 130C 130D Employee Volunteer

Date	Start Time	Finish Time	No. of Hours work/volunteer	Supervisor Signature	Student Initials

Total # Hours

Submit Work Experience Record form weekly, at Tuesday class meeting.
You may wish to keep a copy for your records.

Questions? Contact Instructor:
Lisa Schut, 575-6972 or schutl@mjc.edu