

## Documentation of Substitute Teaching Experience

Name \_\_\_\_\_ 927 \_\_\_\_\_

Email: \_\_\_\_\_@aug.edu Semester Admitted \_\_\_\_\_

Program: MAT MEd EdS

Field: ECE MG SEC P-12 SPED

Date	School	Grade Level	# of hours	Signature of School Official
<b>x</b>	<b>Total Hours</b>	<b>x</b>		Please place completed page in Mrs. McKinney's box in Teacher Ed Suite