

LAB INFORMATION & LOG for ECS 304

STUDENT NAME: _____

HOME Phone #: () _____ CELL Phone #: () _____

Email: _____

SITE WHERE LAB WORK IS BEING DONE:

Site Name: _____

Address: _____

Site Phone #: _____

Director's or Lead Teacher's Name: _____

Ages of the Children in Your Room: _____

| <u>Date</u> | <u>Day</u> | <u>Time In</u> | <u>Initials</u> | <u>Time Out</u> | <u>Initials</u> | <u>Amount of Time</u> | <u>Subtotal</u> | <u>Director's Signature</u> |
|-------------|------------|----------------|-----------------|-----------------|-----------------|-----------------------|-----------------|-----------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Director's Signature: _____

