



**CENTRAL TEXAS COLLEGE**  
**Child Development Department**  
**(254) 526-1900 or (254)526-1810 fax**

**Verification Signature Form**

Student Name: \_\_\_\_\_

Course Name: \_\_\_\_\_ Course # \_\_\_\_\_

Online/Face-to-Face Instructor (s): \_\_\_\_\_

Name of Facility: \_\_\_\_\_

Site Supervisor Name/Phone #: \_\_\_\_\_

Semester/Year: \_\_\_\_/\_\_\_\_ Room \_\_\_\_ Day/Time \_\_\_\_\_ Total Hours: \_\_\_\_\_

Date	Time In	Time Out	Supervisor's Signature	Today's Hours	Total Hours (Running Total)	Type of Observation & Activities with children