SC Bar Law Related Education

Teacher Time Tracking Form

SC Bar Law Related Education Division appreciates all of your time and dedication to the Mock Trial program. We know your students and their parents appreciate your commitment to the team and your school would not be able to participate in mock trial competitions without great teachers like you.

As a teacher sponsoring or assisting with a Mock Trial Team, LRE would like to show our appreciation to you with a participation certificate with the number of hours that you have committed to the program.

This form will help you keep track of the time you commit to the study, practice and the hours on the day of the competition. At the end of the competition season, total all the time that you have committed and have your principal sign the form. Upon receipt in the LRE office, you will receive a certificate approximately 30 days after the state competition noting your hours of commitment.

Thank you for all that you do to make Mock Trial a successful program.

Please return this form to: South Carolina Bar / LRE Division
P.O. Box 608, Columbia, SC 29202-0608 or FAX: 803.771.0419

PLEASE COMPLETE WITHIN 30 DAYS OF THE STATE COMPETITION

Please Print

Teacher Name: _____
First Last

School Name: _____

School Address: _____

Phone Number: (_____) _____ **E-Mail:** _____
(Best Contact #)

HOURS COMMITTED: _____(Tracking Chart on the Back)

❒ **Middle School Mock Trial Competition Time Frame:**_____ **/Year:** _____

❒ **High School Mock Trial Competition Time Frame:** _____ **/Year:** _____

❒ **National Mock Trial Competition Time Frame:** _____ **/Year:** _____

Teacher: I certify that the hours reflected on this form are the best reflection of the hours invested in the mock trial program.

_____
Teacher's Signature

School Principal: I certify that the teacher stated above conducted or assisted with a mock trial team at our school and the hours noted on this form are the best reflection of their time commitment.

_____
Principal's Signature

Printed Name:_____

Contact Number: (_____) _____

E-Mail Address:_____

Hours Tracking Chart

(Hours for studying, practicing and competing should be included.)

Date	Brief Explanation	Hours