TOTAL HOURS _____

Department of Education and Allied Studies

VERIFICATION OF FIELD EXPERIENCES
FOR ALL LICENSURE AREAS

Name: _____

Course #: _____ **Professor:** _____ **Semester:** _____ **Year:** _____

DIVERSITY CODES:
A = Racially/culturally diverse
B = Socio-economically diverse

TYPE OF EXPERIENCE:
1-F = observation only (non-interacting)
2-F = participant observer (some interacting)
3-F = assisting the teacher (clerical or teaching)
4-F = teach a preplanned lesson (individually, small group, large group)
5-F = assume major responsibility for class
6-F = conduct assessment/evaluation
7-F = other (describe)

DIRECTIONS:
- ✓ Keep a record of all field experiences accumulated during this education course. Use above codes.
- ✓ Consult the course instructor if uncertain about classifying an experience.
- ✓ Return to instructor at end of course or as otherwise directed.

SCHOOL	DIVERSITY	TYPE	NAME OF TEACHER/SUPERVISOR	GRADE	SUBJECT AREA	DATE	TOTAL # OF HOURS	SIGNATURE