

Teacher Education Office
FIELD EXPERIENCE
APPROVAL & VERIFICATION FORM
(Optional Use by Programs)

Complete 60 hours for partial fulfillment of
Stage II Requirements

Student's Name: _____ Local Phone: _____

Field Experience Placement _____

Location: _____ Date(s): _____

Brief description of student population: _____

Approximate Hours: _____ Grade Level: _____

Provide a **detailed description** of your intended role in the field experience. All field experience hours **must** be hands-on experiences (i.e., supervising, teaching). Once you have completed the description of your intended role below, you must have your advisor or course instructor approve any hours by signing the bottom of this side **before** you complete any field experience hours. One form should be completed for each field experience placement. If you have questions, see your advisor in advance.

Student's Signature: _____ Date: _____

Advisor's Signature: _____ Date: _____
(or Course Instructor)

Teacher Education Office
FIELD EXPERIENCE
APPROVAL & VERIFICATION FORM

After completion of your experience, please have your placement supervisor complete this side.

Field Experience Placement _____

Location: _____ Phone Number: _____

Date(s) of Participation _____

Approximate Hours: _____ Supervisor's Signature: _____

Supervisor's Comments: Please provide a brief summary of the student's performance based on the role description on side one.

