

Field Experience Record Form

Please fill in this form using either blue or black ink. Please write legibly. Please turn this form into your professor or into the Education Office Secretary in FACH 211 (as directed).

NAME: _____ STUDENT ID: _____

SEMESTER: _____

CLASS ENROLLED IN: _____ (if no class, write "Volunteer")

SCHOOL DISTRICT: _____

SCHOOL NAME: _____

GRADE LEVEL OF STUDENTS: _____

NUMBER OF STUDENTS: _____

NUMBER OF STUDENTS
WITH ACCOMMODATIONS: _____

NUMBER OF HOURS: _____

DATES IN THE FIELD (Mo/Day/Yr to Mo/Day/Yr): _____

Classroom Teacher Signature

Date

Classroom Teacher Name (Print)

Email or Phone

*I attest that the above is true to my
knowledge.*

Student's Signature

Date

Time Sheet

University student’s name: _____

Date	Time In	Time Out	Role You Played	Total Time	Verifying Initials

The above days/visits indicate time spent in a field placement.

Student Signature: _____