

# Field Experience Record Form

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*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 SPECIAL EDUCATION STUDENTS: \_\_\_\_\_

NUMBER OF MINORITY STUDENTS: \_\_\_\_\_

NUMBER OF HOURS: \_\_\_\_\_

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

\_\_\_\_\_  
SUPERVISOR'S Signature

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SUPERVISOR'S NAME (Print)

\_\_\_\_\_  
Supervisor's Email or Phone

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

\_\_\_\_\_  
STUDENT'S Signature

\_\_\_\_\_  
DATE

