ED 181
Field Experience in Education

Name _____
Date _____
ID # _____

FIELD EXPERIENCE DOCUMENTATION

Date	No. of hours	Activity/Responsibility	Teacher Signature

ED 181
Field Experience in Education

Name _____
Date _____
ID # _____

CLASS/SCHOOL REPORT

Class: _____ Teacher: _____

School: _____ School Phone: _____

School Address: _____

Principal: _____ School Secretary: _____

Student School Hours: from _____ to _____

1. How many students in this class (or class load for itinerant teachers): _____
2. How many students in the school? _____ Grades in the school? _____
3. What facilities are available to students: (Check all that apply.)

___ Lunchroom
___ Gym
___ Playground/Sports Field
___ Art Room
___ Music Room
___ Auditorium
___Library
___Study Hall
___Computers
___DVD/VHS Player
___Video Production
___Other (Please list)

4. List any special procedures for the class or school noted by your cooperating teacher.

5. Please check mark any of the following activities that you participate in during your field experience. Please discuss this list with your classroom teacher to determine which of the following would be appropriate for your experience.

___Correct papers/assignments utilizing teacher answer key
___Enter grades into teacher grade book
___Design/put up bulletin board
___Work one-on-one with a student
___Work with small groups of students
___Lead classroom discussion/lesson
___Circulate room and assist various students during seat work
___Assist with the writing of quiz/test
___Assist with preparation of lesson materials
___Any other activities as determined by classroom teacher (Please list)