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
___Video Cassette Players
___Video Production
___Other (Please list)

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