ED 284 **Name** _____
ID # _____
Intro to Mild and Moderate **Date** _____

FIELD EXPERIENCE DOCUMENTATION
(**25 hours required**)

Date	No. of hours	Activity/Responsibility	Teacher Signature

ED 284 **Name** _____
ID # _____
Intro to Mild and Moderate **Date** _____

CLASS/SCHOOL REPORT

Level of 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. Ages/grade levels of students: _____
3. Range of abilities of students: _____
   _____
   _____
   _____
   _____
   _____
4. 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)

5. List any special procedures for the class or school noted by your cooperating teacher (integrated time, adult associates, etc.)