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 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		

Time Sheet

University student's name: _		
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_ 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:	_