



OKLAHOMA  
PANHANDLE STATE  
UNIVERSITY

College of Arts and Education

**FIELD EXPERIENCE RECORD**

Your Name: \_\_\_\_\_ Date Returned: \_\_\_\_\_

Course Name and Number: EXCEPTIONAL CHILD - EDUC 3223

Instructor: MS. WORM

**(10 Observation Hours)**

School Teacher's Name: \_\_\_\_\_ Teacher's Email: \_\_\_\_\_

DATE	START TIME	END TIME	CONTENT AREA	GRADE LEVEL	TOTAL TIME (mins/hrs)
(example) 10/11/13	8:45am	10:30am	Reading; comprehension activities	2	1 hr. 45 mins.
				<b>TOTAL HOURS</b>	

*Please return this form to Mrs. Henderson in person, drop box, email or fax (no pictures).* Since this form will be emailed to your supervising teacher to verify your hours, use one form per teacher. Field experience credit will be recorded once your supervising teacher returns the Affidavit of Supervision that I will email to the teacher.

**DUE DATES: FALL SEMESTER - NOVEMBER 10<sup>TH</sup>, SPRING SEMESTER - APRIL 10<sup>TH</sup>**

Mrs. Delilah Henderson, Field Placement Officer, HMH 122  
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