

OKLAHOMA PANHANDLE STATE UNIVERSITY

College of Arts and Education

Your Name: ______Date Returned: _____

FIELD EXPERIENCE RECORD

Course Name and Number: EDUCATION SEMINAR – EDUC2001 Instructor: Amber Hollis-Fesmire (3 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	es	2	1 hr. 45 mins.
					TOTAL HOURS	

<u>Please return this form to Mrs. Henderson in person, drop box, email or fax (no pictures)</u>. 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 10TH, SPRING SEMESTER - APRIL 10TH