

OKLAHOMA PANHANDLE STATE UNIVERSITY

College of Arts and Education

FIELD EXPERIENCE RECORD

Your Name:	Date Returned	d:
Course Name and Num Instructor: Stacy Nor	ber: Methods & Materials/Secondary PE dquist	HPE 4042 (10 Observation Hours)
School Teacher's Name:	Teacher's Ema	nil:
STADT.	END	CDADE TOTA

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.
				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