

College of Arts and Education

FIELD EXPERIENCE RECORD

Your Name: Date Returned:

Course Name and Number: Meth & Mat: Secondary Teach EDUC 4322 Instructor: Mr. McIntyre 10 hours at the Junior High and 10 hours at the High School)

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.
				TOTAL HOURS	

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 10th, SPRING SEMESTER - APRIL 10th