



OKLAHOMA PANHANDLE STATE UNIVERSITY

College of Arts and Education

FIELD EXPERIENCE RECORD

Your Name: _____ Date Returned: _____

Course Name and Number: PRACTICUM I - EDUC 3563 Instructor: MS. WORM (30 Observation Hours)

School Teacher's Name: _____ Teacher's Email: _____

Table with 6 columns: DATE, START TIME, END TIME, CONTENT AREA, GRADE LEVEL, TOTAL TIME (mins/hrs). Includes an example row and a TOTAL HOURS row.

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