

OKLAHOMA PANHANDLE STATE UNIVERSITY

College of Arts and Education

Your Name: Date Returned:

FIELD EXPERIENCE RECORD

Course Name and Number: PRACTICUM II - EDUC 4273 Instructor: Mrs. Worm (30 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.
				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

DUE DATES: FALL SEMESTER - NOVEMBER 10TH, SPRING SEMESTER - APRIL 10TH

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.