**FIELD EXPERIENCE RECORD**

**Your Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date Returned: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Course Name and Number: Exceptional Child EDUC 3223**

**Instructor: Shelly Worm (10 Observation Hours)**

**Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Teacher’s Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **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.** |
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|  |  |  |  | **TOTAL HOURS** |  |

Please email this form to [fieldplacementoffice@opsu.edu](mailto:fieldplacementoffice@opsu.edu)