

RECORD OF FIELDWORK EXPERIENCES

Student's Name _____ Semester _____ Year 20_____

Course Number: _____ Course Name _____ Location of Observation _____

ex. Ed. 322

ex. Content Area Reading

(please use 1 sheet for each school)

Date of Field Experience	Brief Description of Activity Observed with subject and grade level	Total # of Students	# of IEP Students	# of GSSP Students	# of LEP/ESL Students (Please specify)	# of Racially Diverse Students	# of Ethnically Diverse Students	Time of Field Experience	Signature of Teacher Observed
Example: 1-21-99	10 th grade History Cold War	19	3	2	0	4	2	10:00 – 11:00	John Doe

Total Hours of Field Experience: _____

By completing this record of observations for the course numbered above, I hereby declare the information provided is true and accurate to the best of my knowledge.

Student's Signature: _____

Date: _____

ALC Course Instructor's Signature: _____

Date: _____