# RECORD OF FIELDWORK EXPERIENCES

**Student’s Name ____________________________   Semester _____   Year 20_____   Course Name _____________________   Course #: _________**  

**School Address____________________________   Name of School Observed________________________________________**  

<table>
<thead>
<tr>
<th>Date of Field Exp.</th>
<th>Brief Description of Activity Observed with subject and grade level</th>
<th>Total # of Students</th>
<th># of IEPs</th>
<th># of GSSPs</th>
<th># of LEPs/ESLs (Please specify)</th>
<th># of Racially Diverse Students</th>
<th>Time of Field Experience (round to nearest half hour)</th>
<th>Printed Name and Signature of Teacher Observed*</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-21-99</td>
<td>10th grade History Cold War</td>
<td>19</td>
<td>3</td>
<td>2</td>
<td>0</td>
<td>15 2 0 1 0 1 0</td>
<td>10:00 – 11:00</td>
<td>John Doe</td>
</tr>
</tbody>
</table>

**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: _____________________

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Revised April 2012  
(Use 1 sheet for each course)  
(please use 1 sheet for each school)