

# RECORD OF FIELDWORK EXPERIENCES

Student's Name \_\_\_\_\_ Semester \_\_\_\_\_ Year 20\_\_\_\_ Course Name \_\_\_\_\_ Course #: \_\_\_\_\_  
ex. Content Area Reading ex. Ed. 322

School Address \_\_\_\_\_ (City & State Only) Name of School Observed \_\_\_\_\_  
ex. ACME High School

Date of Field Exp.	Brief Description of Activity Observed with subject and grade level	Total # of Students	# of IEPs	# of GSSPs	# of LEPs/ESLs (Please specify)	# of Racially Diverse Students								Time of Field Experience (round to nearest half hour)	Printed Name <u>and</u> Signature of Teacher Observed*  *Only Regular Classroom Teachers May Be Observed	
						White	African American	Hispanic	Asian	Native American	Hawaiian	Multi-Racial	Unknown			
1-21-99	10 <sup>th</sup> grade History Cold War	19	3	2	0	15	2	0	1	0	0	1	0	10:00 – 11:00	John Doe	<i>John Doe</i>

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: \_\_\_\_\_