

**Alice Lloyd College Teacher Education Program
Supplemental Observation/Experience Hours Verification Form**

Section I (To be completed by professional being observed) **Location:** _____

Address: _____ **Telephone #** _____

Date: _____ **Beginning Time:** _____ **Ending Time:** _____ **Total Hours:** _____

Activity Observed/Participated: _____
(Please Be Specific)

Section II – (To Be Completed by Professional Being Observed)

of Students Who Are:

___ White ___ African American ___ Hispanic ___ Native American ___ Multi-Racial
___ Hawaiian/Pacific Islander ___ Race Unknown ___ English Language Learners
___ Gifted Students ___ IEP Students

Students from different socioeconomic groups yes no

Location (check all that apply):

- Elementary Middle School High School
 Family Resource Center Youth Services Center Student Tutoring
 School Board Meeting School Based Council Meeting
 Participation in a school-based professional learning community
 Assisting teachers or other school professionals
 Other (must be pre-approved by ALC Staff) _____
(specify) _____ ALC staff signature

Section III - (To Be Completed by Professional Being Observed): **The signature below verifies that**

_____ **has completed the observation/experience hours listed above.**
(ALC Student)

Professional: _____
(Printed Name) (Signature)

Email: _____ **Phone:** _____

