MAT FIELD EXPERIENCE DOCUMENTATION FORM

Please complete the following information for EACH field experience location. Be sure to note the time of day most convenient for Mrs. Duncan, the Field Experience Supervisor, to stop in to see your cooperating teacher. Her five to ten minute visit will be unannounced, and you do not have to be present during her visit.

Name: ________________________________

Course: ___________________________ EDUC ___________ Term: ☐ Fall ☐ Spring I ☐ Spring II

Home Phone: ___________________________ Work Phone: ______________________________

Number of hours in this placement: ____________

Name of cooperating teacher: ___________________________ District: ______________________

Building: ___________________________ Building phone: _____________________________

Grade Level(s): ___________________________ Subject(s): _____________________________

Time most convenient for Mrs. Duncan to talk with teacher in person:

Time of day: ____________ Day of the week: ____________

Please indicate if your cooperating teacher is in the building all day:

All day ____________ AM only ____________ PM only ____________

Please indicate the activities that best describe what you will be completing during this field experience:

_____ Observation of 1 or more students and or classroom with little to no student interaction

_____ 1-1 and/or small group tutoring

_____ teaching a lesson(s) to a small group or the whole class

Directions to the school and any additional information regarding assignment(s) for this placement that would assist Mrs. Duncan in obtaining meaningful feedback.

Please return to Marla Hawthorne, or fax to the Graduate Office, 740-826-6038 by the end of the 4th week of the term.