

Field Experiences Requirements
Opening/Closing of the School Year

Name: _____ Date: _____

Student #: _____ Major: _____

Address: _____ Home #: _____

_____ Cell #: _____

Email: _____

Name of School:

Grade level: _____ Subject: _____

Address of School:

Name of School District:

Type of Activity Engaged In:

Opening of the School Year

Closing of the School Year

Signature of Principal _____ Date _____

Signature of Teacher _____ Date _____

Signature of Intern _____ Date _____

Please return this form, completed to The Office of Field Experiences, PO 1343, Normal, AL 35762. Attention: Dr. Karen Foster, Director of Field Experiences, Alabama A & M University (256) 372-5509

Field Experiences – Opening/ Closing Time Sheet

Name: _____ Major: _____

Student #: _____ Name of School: _____

DATE	TIME IN	TIME OUT

Activities Observed:

Assignment of Seats:

Distribution of Books:

Collection of Books:

Accounting of Materials:

Meeting Parents:

Car Duty:

Hall Duty:

Cafeteria Duty:

Overall rating of field experiences completed by Alabama A & M candidate at school site:

Satisfactory

Unsatisfactory

Signature of Cooperating Teacher/ Principal

Date