

AUGUSTA STATE UNIVERSITY
COLLEGE OF EDUCATION
Department of Educational Leadership, Counseling, and Special Education
GRADUATE FIELD EXPERIENCE DOCUMENTATION
FOR STUDENTS (EMPLOYED AS TEACHERS)

Name: _____ 927 _____

Course Numbers and Name: _____

Advisor: _____ Semester/Year: _____

School where employed: _____

Grade Level: _____ Content Areas: _____

Principal's Approval: I certify that the person named above is a full-time employee in my school. I understand that they need to be assigned a Mentor Teacher and that they will perform his/her field experiences under this teacher's supervision. I understand that if any problems arise, I need to immediately contact ASU's Department of Teacher Education Field Experience Coordinator.

Principal's Signature

Date

Mentor Teacher's Approval: I certify that I have agreed to serve as this student's Mentor Teacher. I understand that this student needs to be observed a minimum of one time each 8 weeks. I agree to discuss and give the written observation forms to my mentee. I understand that if ANY problems arise, I need to immediately contact ASU's Department of Teacher Education Field Experience Coordinator.

Mentor Teacher's Signature

Date

Student's Approval: I understand that I am responsible for returning this completed form to ASU's Department of Teacher Education Field Experience Coordinator by the second week of the semester. I also understand that if for any reason my employment is changed or terminated, it is my responsibility to inform the Field Experience Coordinator immediately.

ASU Student's Signature

Date

Field Experience Coordinator's Approval: I approve this lab waiver and will forward this form to be placed in the student's file.

ASU Advisor's Signature

Date