

**AUGUSTA STATE UNIVERSITY
COLLEGE OF EDUCATION**
Field Experience Documentation for Teacher Candidates

(Employed in the School System)

Name: _____ 927 _____ Date: _____

MAT: _____ Program: _____ Concentration: _____

E-Mail: _____ @aug.edu

School Where Employed: _____

Grade Level: _____ Content Areas: _____ Semester Admitted to Program: _____

*This form must be completed for each course (EDUC 2110/2120/2130 or SPED 4002) at the beginning of the semester.

Principal's Approval : I certify that the person named above is employed either full-time or part-time in a classroom in my school. I understand that they need to be observed during their degree program. These observations can be performed by administrators or peers. 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

Teacher Candidate's Approval: I attest that this information is true and accurate. 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

Return this form to: Julie
Gray Room 340 University
Hall jgray@aug.edu

