

**AUGUSTA STATE UNIVERSITY
COLLEGE OF EDUCATION
Department of Teacher Education**

**GRADUATE FIELD EXPERIENCE DOCUMENTATION
FOR MAT STUDENTS (EMPLOYED AS TEACHERS)**

Name: _____ 927 _____ Date: _____

M.Ed. ____ or Ed.S. ____ Program: _____ Email: _____@aug.edu

School where employed: _____

Grade Level: ____ Content Areas: _____ Semester admitted to program _____

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 agree to ensure the candidate receives a minimum of three administrative observations a year. 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 at the end of the semester the requirements are completed. 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