AUGUSTA STATE UNIVERSITY
COLLEGE OF EDUCATION

GRADUATE FIELD EXPERIENCE DOCUMENTATION FOR M.Ed. AND Ed. S. 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 _____

*This form should be completed at the end of the first semester in the program.
*Students must complete 300 hours of field experience by the end of the program.
*The field experience can be completed in the candidate's classroom if the candidate is teaching.
*The time must be spent with the certification age and the experiences must be approved in advance by the advisor.
*Veteran teachers must attach a copy of the last annual evaluation. If this is the first year as a teacher, you must attach a copy of the most recent classroom evaluation.
*Completion of this form serves as documentation of full time employment totaling at least 300 hours of classroom teaching.

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 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

Student'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