

**AUGUSTA STATE UNIVERSITY
COLLEGE OF EDUCATION**

**GRADUATE FIELD EXPERIENCE DOCUMENTATION
FOR M.Ed. AND Ed. S. STUDENTS (EMPLOYED AS TEACHERS)**

Name: _____ 927 _____ M.Ed. ___ or Ed.S. ___

[email_____@aug.edu](mailto:_____@aug.edu) Semester/Year admitted to program ____

School where employed: _____

Grade Level(s): _____ Content Areas: _____

- *This form should be completed by the end of the first semester in the program.
- *Students must complete 300 hours of field experience by the end of the program, including three different types of teaching settings (classes taught, diverse groups, level, etc.)
- *The field experience can be completed in the candidate's classroom if the candidate is currently teaching.
- *The time must be spent with the certification age in the certification field.
- *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.**
- *Attach a copy of your daily schedule with 3 different teaching settings highlighted (grade levels, flex groups, inclusion classes, different subjects, courses, levels, etc.)**

***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

Please complete and initial the following before submitting. **Please staple all documents together.**

_____ I have attached a copy of my evaluation as stated above

_____ I have attached a copy of my daily schedule **highlighting** 3 different teaching settings. (Elementary educators may make notes to indicate inclusion groups, gifted groups, remedial groups, grade level sections, etc) If you have taught a different grade level at the same school since beginning the degree program, you may attach a statement verifying that information. Please include an administrator's signature if this applies to you.

***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.*

Principal's Signature

Date

Forms received without the required documentation attached will not be processed.