

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

**FIELD EXPERIENCE PLACEMENT AGREEMENT**

Name: \_\_\_\_\_ 927

Semester/Year:

I plan to fulfill my field experience requirements for this semester at:

Name of Organization : \_

Describe below how you plan to fulfill your field experience requirements for this semester.

***Supervisor's Approval:*** *I certify that I have agreed to serve as this student's field experience supervisor. 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 contact the Field Placement Coordinator at ASU.*

\_\_\_\_\_  
Supervisor's Signature

\_\_\_\_\_  
Date

***Student's Approval:*** *I understand that I am responsible for returning this completed form to the Department of Teacher Education's Field Placement Coordinator. I agree that I am responsible for documenting my field experience hours (300 hours in addition to practicum). I also realize I am responsible for submitting the hours I have completed at the end of each semester to the Field Experience Coordinator.*

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date

Date Received by Field Placement Coordinator: \_\_\_\_\_