

Record of Field Experiences

(Completion of 200 hours of field experience is required for admission to Student Teaching in accordance with Regulation 16 KAR 5:040)

Candidate Name: _____ Candidate ID #: _____ TOTAL hours listed on page: _____

Course #: _____ Instructor: _____ Supervisor: _____ Semester: _____ Year: _____

<p>A. Classroom Demographics (Check any/all that apply to this page):</p> <ul style="list-style-type: none"> <input type="checkbox"/> Experiences with at least two different ethnic or cultural groups other than your own <input type="checkbox"/> Experiences with children from different socioeconomic groups <input type="checkbox"/> Experience with English language learners <input type="checkbox"/> Experience with P-12 students with disabilities 	<p>Field Experience Activity Types: (Indicate in log below)</p> <ul style="list-style-type: none"> B. Observations in schools and related agencies (i.e., Family Resource Center or Youth Services Center) C. Student Tutoring D. Interaction with families of students E. Attendance at school board and school-based council meeting F. Participation in a professional learning community (PLC) G. Opportunities to assist teachers or other school professionals H. Other
<p>**Must show evidence of each experience above (A-G) before final admission into Student Teaching**</p>	

Date	# of hours	Activity Type (B-H)	Description of Activities Completed	Grade Level of Students	Placement Site	Print name of Mentor Teacher	Mentor Teacher Signature
				<input type="checkbox"/> ELEM. <input type="checkbox"/> MIDDLE <input type="checkbox"/> HIGH <input type="checkbox"/> OTHER/MULTI			
				<input type="checkbox"/> ELEM. <input type="checkbox"/> MIDDLE <input type="checkbox"/> HIGH <input type="checkbox"/> OTHER/MULTI		Infinite Campus Number:	
				<input type="checkbox"/> ELEM. <input type="checkbox"/> MIDDLE <input type="checkbox"/> HIGH <input type="checkbox"/> OTHER/MULTI		Infinite Campus Number:	
				<input type="checkbox"/> ELEM. <input type="checkbox"/> MIDDLE <input type="checkbox"/> HIGH <input type="checkbox"/> OTHER/MULTI		Infinite Campus Number:	
				<input type="checkbox"/> ELEM. <input type="checkbox"/> MIDDLE <input type="checkbox"/> HIGH <input type="checkbox"/> OTHER/MULTI		Infinite Campus Number:	

IMPORTANT: Sign and date the record to verify the following statements: I verify that I have reported the above hours of field experience to the Education Professional Standards Board within KFETS. I verify that I have participated in all the activities listed above and that the above information is accurate.

SIGNATURE OF TEACHER CANDIDATE

DATE

SIGNATURE OF UNIVERSITY SUPERVISOR
OR COURSE INSTRUCTOR FOR PRE-PROFESSIONAL HOURS

DATE