** 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 #: \_\_\_\_\_\_\_\_\_\_\_\_\_ Number of hours submitting: \_\_\_\_\_\_\_\_\_\_\_\_**

**Course #: \_\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Semester: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year: \_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Placement Site** | **Grade Level of students** | **Level/Subject** | **# of hours** | **Activities Completed, including type of activity (B-H) listed below; Include classroom teacher’s Infinite Campus course number** | **Print name of Mentor Teacher** | **Mentor Teacher****Signature** |
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**IMPORTANT**: Read and verify the statements below by placing a checkmark after each statement. Then, sign and date the record.

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. \_\_\_

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Candidate’s signature:**

**Date signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

1. **Reflects classroom demographics determined in KFETS through link to Infinite Campus.**

 **No additional documentation is necessary.**

1. **Observations in schools and related agencies** (i.e., Family Resource Center or Youth Services Center)
2. **Student Tutoring**
3. **Interaction with families of students**
4. **Attendance at school board and school-based council meeting**
5. **Participation in a professional learning community (PLC)**
6. **Opportunities to assist teachers or other school professionals**
7. **Other**

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**SIGNATURE OF UNIVERSITY SUPERVISOR DATE**