

EDLM- FIELD EXPERIENCE REPORT

Candidate name: _____ Semester taken: _____

Student ID (required): @ _____ Major/Field: _____

Candidate address: _____
Street City State Zip code

Course number and title: _____

Grade level(s): _____ Clock hours: _____

List of field experience activities/responsibilities: _____

Initial contact (meeting, email, etc.) when expectations for the field experience, and the associated paperwork were discussed.

Date: _____ Leadership Candidate: _____ Administrator/ Supervising Practitioner: _____

Midpoint contact held midway through the field experience at which the pre-practicum experience was discussed.

Date: _____ Leadership Candidate: _____ Administrator/ Supervising Practitioner: _____

Final meeting held to complete evaluation/reflection of the field experience and associated paper work.

Date: _____ Leadership Candidate: _____ Administrator/ Supervising Practitioner: _____

Special considerations: _____

The above leadership candidate has completed a field experience designated by the University as a field-based experience related to the role of the major/field mentioned above.

Signature—Course Professor/Instructor: _____ Date: _____

Signature—Administrator/Supervising Practitioner _____ Date: _____

Administrator/ Supervising Practitioner

PLEASE PRINT the information requested below.

Administrator/Supervising Practitioner (Please print first and last name): _____

Field experience school site (school name): _____

Field experience school site address: _____
street city state zip code

Contact phone number: _____ E-mail: _____

White—Educator Licensure Office Yellow—Course Instructor Pink—Student