



BRENAU UNIVERSITY

SCHOOL OF EDUCATION

FIELD EXPERIENCE VERIFICATION FORM

1. Field Experience Setting (to be completed by student)

Student Name: _____ SSN: _____

School: _____ Grade: _____

Teacher: _____ # of Students in class: _____

System: _____

Principal: _____

2. Evaluation of Student Performance and Journal (to be completed by cooperating teacher)

	Superior	Satisfactory	Unsatisfactory
Punctuality			
Responsibility			
Rapport with children			
Oral language skills			
Written language skills			
Professional attitude			
Enthusiasm			
Journal content			
Lesson plan: content			
Lesson plan: implementation			

Comments:

Clinical Supervisor's Signature

Date