

**TO:** Professional Field Experience Participants and Cooperating Teachers

**FROM:** James K. Krause, Ed.D., Chairperson  
Dept. of Exceptionality Programs

**RE: 10-Day Field Experience: Dual Certification Program – Special Education and Elementary Education (5 Days of an Elementary Education Field Experience\* and 5 Days of a Secondary Special Education Field Experience\*)**

\* \* \* \* \*

In order to help students determine in the early years of college life whether they definitely want to teach, and to give those students who know they want to teach a profitable college experience, the Special Education and Elementary Education faculty have initiated a program for undergraduate students to be known as a **10-Day Dual Certification Program Field Experience**. A total field experience of 10 **full** school days is required; 5 days are with a general education classroom teacher (K-6) and 5 days with a secondary special education teacher (Gr. 7-12). (These days need not be sequential.) The student will experience all the responsibilities of teaching and learn the many roles of an elementary education teacher and a secondary education special education teacher. During this time the student should see the whole school at work. This field experience is a requirement for candidacy in Teacher Education.

**Some important points about the field experience are listed below:**

1. All students must have current Act 34, Act 151, Professional Liability Insurance and negative TB screening documentations on file in the Department of Exceptionality Programs Office prior to starting their 10-Day Field Experience.
2. All students, during their 10-Day Field Experience, should become acquainted with and spend part of their time in conference with the principal, school nurse, home and school visitor or social worker, guidance counselor, and other professionals working with the special education teacher and/or elementary education teacher.
3. Field Experience participants should be given an opportunity to teach at least one lesson with the cooperating teacher or principal supervising the activity. A lesson plan should be developed with the cooperating teacher before the activity is performed.
4. Because Pennsylvania certification in special education is N-12 and K-6 for elementary education, students are required to complete 5 days participating in a secondary special education experience. If there is an interest in completing an experience in places other than public schools, such as detention centers, state centers or approved private schools, this can be incorporated; however, the cooperating teacher must be certified in special education, and the facility must be state approved. Summer camps are not acceptable.
5. Field Experience participants are responsible to the teacher with whom they work and/or the proper administrative official. They are not supervised by the University during this period and are expected to conduct themselves in a professional manner.

6. No grade is given for the field experience.

**The following directions will be helpful in organizing and planning this experience:**

1. Complete the student portion of each application form.
2. Contact the office of the superintendent or administrator of the school or facility or the special education supervisor for the intermediate unit that you have selected to arrange an interview to discuss this program. Obtain that person's signature for permission to contact each building principal, or person in charge, who will in turn give you permission to contact a teacher within that school/school district. Approvals are required from each of your two placements (i.e., one for your elementary education experience and one for your secondary special education experience).
3. Contact each of the teachers you will be working with and have them give permission for the experience by signing the appropriate form attached to this memo. Arrange a specific time to complete this field experience.
4. File the original copy of each application form in the Department of Exceptionality Programs Office and the copies as indicated on the application.
5. Upon completion of each of the 5-Day Field Experience, request your cooperating teacher to forward the evaluation form to the Department of Exceptionality Programs Office. File both of your personal evaluation forms with your faculty advisor. An evaluation form is required from each participating placement.

If you have questions concerning this experience, please contact your advisor or the Department of Exceptionality Programs, Navy Hall 104 (389-4119).

**\*If you have already completed some or all of your 10 day field experience, please contact your advisor immediately. Your advisor can consider approving any field days completed prior to acceptance in the Dual Certification Program – Special Education and Elementary Education.**

DEPARTMENT OF EXCEPTIONALITY PROGRAMS  
BLOOMSBURG UNIVERSITY  
Bloomsburg, Pennsylvania  
**Application for 5-Day Field Experience: Dual Certification –  
Special Education N-12 and Elementary Education K-6  
ELEMENTARY EDUCATION FIELD EXPERIENCE**

Student's Name \_\_\_\_\_ P.O. Box \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Major \_\_\_\_\_

Number of credits at the end of present semester \_\_\_\_\_

Name of school/facility which you will contact to arrange your field experience  
\_\_\_\_\_

\* \* \* \* \*

**School District Permission**

Miss/Mrs./Mr. \_\_\_\_\_, a student seeking to enter Teacher Education at Bloomsburg University, met with me to discuss the possibility of working with a teacher in our school district during the period beginning \_\_\_\_\_ and ending \_\_\_\_\_. After discussing the purpose of this program, I grant my permission for the above student to contact a supervisor or teacher in our school district/intermediate unit/facility to make more specific arrangements.

Date \_\_\_\_\_ Signature of Administrator \_\_\_\_\_

Title \_\_\_\_\_

School District \_\_\_\_\_

\* \* \* \* \*

**Teacher Acceptance**

I have discussed the 5-Day Field Experience program with the above student from Bloomsburg University and agree to permit him/her to work with me. This experience will be during the time period stated above.

Signature of Cooperating Teacher \_\_\_\_\_

Department \_\_\_\_\_

School \_\_\_\_\_

\* \* \* \* \*

**FILE:** Original copy – Department of Exceptionality Programs Office, BU  
Yellow copy - School District Office  
Pink copy - Teacher

Student Must Return to Faculty Advisor

**TO:** 5-Day Field Experience Participant –

**RE: Report Concerning 5-Day Elementary Education Field Experience**

In order to help evaluate the 5-Day Field Experience, please insert under each Daily Experience area those numbers that correspond to experiences to which you were exposed. Please add additional comments where necessary.

- 1. Name and address of superintendent of schools in district/I.U. where you worked.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 2. Name and address of teacher with whom you worked:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\* Daily Experiences \*\*\*\*\***

**Day 1** \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Numbers: \_\_\_\_\_

Comments:

**Day 2** \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Numbers: \_\_\_\_\_

Comments:

**Day 3** \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Numbers: \_\_\_\_\_

Comments:

**Day 4** \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Numbers: \_\_\_\_\_

Comments:

**Day 5** \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Numbers: \_\_\_\_\_

Comments:

**\*\*\*\*\* Experiences \*\*\*\*\***

- |   |   |
|---|---|
| 1. Planning lessons                     | 11. Obtaining reference materials                                       |
| 2. Teaching classes                     | 12. Counseling individual students                                      |
| 3. Supervising study halls              | 13. Attending faculty meetings  |
| 4. Supervising lunch rooms              | 14. Attending extracurricular activities                                |
| 5. Taking attendance                    | 15. Observing your cooperating teacher                                  |
| 6. Duplicating instructional materials  | 16. Observing other teachers in the school                              |
| 7. Supervising independent study        | 17. Discussing guidance program with counselors                         |
| 8. Tutoring individual students         | 18. Reviewing school district curricular guides<br>for your major field |
| 9. Supervising small groups of students | 19. Other - specify under <b>Comments</b>                               |
| 10. Writing sample test items           |   |

\*\*\*\*\*

*Don't forget to write a thank you note to the superintendent or director of the facility and the teacher with whom you worked.*

**DEPARTMENT OF EXCEPTIONALITY PROGRAMS**  
**BLOOMSBURG UNIVERSITY**  
Bloomsburg, Pennsylvania

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_, a student in Teacher Education at Bloomsburg University, recently spent a few days working with you as part of a field experience program. Would you please complete this sheet and return it in the envelope provided.

Thank you very much for your support and cooperation.

Sincerely,

James K. Krause, Ed.D.  
Chairperson

Number of days participated \_\_\_\_\_

Grade Level(s) \_\_\_\_\_

Kinds of experiences \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Comments concerning student's performance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Cooperating Teacher

DEPARTMENT OF EXCEPTIONALITY PROGRAMS  
BLOOMSBURG UNIVERSITY  
Bloomsburg, Pennsylvania  
**Application for 5-Day Field Experience: Dual Certification –  
Special Education N-12 and Elementary Education K-6**  
**SECONDARY SPECIAL EDUCATION FIELD EXPERIENCE**

Student's Name \_\_\_\_\_ P.O. Box \_\_\_\_\_

Home Address \_\_\_\_\_  
\_\_\_\_\_

Major \_\_\_\_\_

Number of credits at the end of present semester \_\_\_\_\_

Name of school/facility which you will contact to arrange your field experience  
\_\_\_\_\_

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Date \_\_\_\_\_ Signature of Administrator \_\_\_\_\_

Title \_\_\_\_\_

School District \_\_\_\_\_

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Department \_\_\_\_\_

School \_\_\_\_\_

\* \* \* \* \*

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Yellow copy - School District Office  
Pink copy - Teacher

Student Must Return to Faculty Advisor

**TO:** 5-Day Field Experience Participant

**RE: Report Concerning 5-Day Secondary Special Education Field Experience**

In order to help evaluate the 5-Day Field Experience, please insert under each Daily Experience area those numbers that correspond to experiences to which you were exposed. Please add additional comments where necessary.

1. Name and address of superintendent of schools in district/I.U. where you worked.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Name and address of teacher with whom you worked:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\*\*\* Daily Experiences \*\*\*\*\***

**Day 1** \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Numbers: \_\_\_\_\_

Comments:

**Day 2** \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Numbers: \_\_\_\_\_

Comments:

**Day 3** \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Numbers: \_\_\_\_\_

Comments:

**Day 4** \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Numbers: \_\_\_\_\_

Comments:

**Day 5** \_\_\_\_\_ Date \_\_\_\_\_ Time: From \_\_\_\_\_ To \_\_\_\_\_

Numbers: \_\_\_\_\_

Comments:

**\*\*\*\*\* Experiences \*\*\*\*\***

- |   |   |
|---|---|
| 1. Planning lessons                     | 11. Obtaining reference materials                                       |
| 2. Teaching classes                     | 12. Counseling individual students                                      |
| 3. Supervising study halls              | 13. Attending faculty meetings  |
| 4. Supervising lunch rooms              | 14. Attending extracurricular activities                                |
| 5. Taking attendance                    | 15. Observing your cooperating teacher                                  |
| 6. Duplicating instructional materials  | 16. Observing other teachers in the school                              |
| 7. Supervising independent study        | 17. Discussing guidance program with counselors                         |
| 8. Tutoring individual students         | 18. Reviewing school district curricular guides<br>for your major field |
| 9. Supervising small groups of students | 19. Other - specify under <b>Comments</b>                               |
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**BLOOMSBURG UNIVERSITY**  
Bloomsburg, Pennsylvania

**TO:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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Grade Level(s) \_\_\_\_\_

Kinds of experiences \_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Comments concerning student's performance \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Cooperating Teacher