

TO: Professional Field Experience Participants and Cooperating Teachers

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

RE: 5-Day Field Experience: Graduate Students in Special Education Degree Programs

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The 5-day field experience is a period of five full school days for graduate students completing degree programs in special education, but are lacking prior experience with individuals with exceptionalities. (These days need not be sequential.) The student will experience all the responsibilities of teaching and learning the many roles of a 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 Act 34, Act 151, Professional Liability Insurance and a negative TB screening documentation on file in the Department of Exceptionality Programs Office prior to starting their 5-Day Field Experience.
2. All graduate students, during their 5-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.
3. Graduate Field Experience participants should be given an opportunity to teach at least one lesson with the cooperating teacher supervising the activity. A lesson plan should be developed with the cooperating teacher before the activity is performed.
4. The cooperating teacher must be certified in special education and the facility must be state approved.
5. Graduate 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 the 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 a building principal, or person in charge, who will in turn give you permission to contact a teacher within that school district. Approvals are required from each placement.
3. Contact the teacher and have him/her give permission for the experience by signing the form attached to this memo. Arrange a specific time to complete this field experience.
4. File the original copy of the application form in the Department of Exceptionality Programs Office and the copies as indicated on the application.
5. Upon completion of the 5-Day Field Experience, request your cooperating teacher to forward the evaluation form to the Department of Exceptionality Programs Office. File your personal evaluation form with your faculty advisor. An evaluation form is required from each participating placement.

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

DEPARTMENT OF EXCEPTIONALITY PROGRAMS
BLOOMSBURG UNIVERSITY
Bloomsburg, Pennsylvania

Application for 5-Day Field Experience: Graduate Students in Special Education

Student's Name _____ P.O. Box _____

Home Address _____

E-mail _____

Graduate Program _____

Number of credits at the end of present semester _____

Name of school/facility that you will contact to arrange your field experience

* * * * *

School District Permission

Miss

Mrs.

Mr. _____, a graduate 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 graduate student to contact a supervisor or teacher in our school district/intermediate unit/facility to make more specific arrangements.

_____ Signature of Administrator _____
Date

Title _____

School District _____

* * * * *

Teacher Acceptance

I have discussed the 5-Day Field Experience program with the above graduate 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 _____

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

Graduate Student Must Return to Graduate Faculty Advisor

TO: 5-Day Field Experience Participant

RE: Report Concerning 5-Day Field Experience for Graduate Students in Special Education

In order to help evaluate the 5-Day Field Experience, please insert under each Daily Experience area those numbers which 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 |
| 9. Supervising small groups of students | for your major field |
| 10. Writing sample test items | 19. Other - specify under Comments |

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

DEPARTMENT OF EXCEPTIONALITY PROGRAMS
BLOOMSBURG UNIVERSITY
Bloomsburg, Pennsylvania

TO: _____

_____, a graduate 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 _____

Kinds of experiences

Comments concerning student's performance _____

Signature of Cooperating Teacher