

DEPARTMENT OF EXCEPTIONALITY PROGRAMS

BLOOMSBURG UNIVERSITY

Bloomsburg, Pennsylvania

Application for 10-Day 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

- Special 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 10-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 - Special Education Office, BU

Yellow copy - School District Office

Pink copy - Teacher

NAME _____

Student Must Return to Faculty Advisor

TO: 10-Day Field Experience Participant

RE: Report Concerning 10-Day Field Experience

In order to help evaluate the 10-Day Field Experience, please insert under each Daily Experience area those numbers that correspond to experiences to which you were exposed (see page 3 of this report). 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:

Day 6 _____ Date _____ Time: From _____ To _____

Numbers: _____

Comments:

Day 7 _____ Date _____ Time: From _____ To _____

Numbers: _____

Comments:

Day 8 _____ Date _____ Time: From _____ To _____

Numbers: _____

Comments:

Day 9 _____ Date _____ Time: From _____ To _____

Numbers: _____

Comments:

Day 10 _____ 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
counselors | 17. Discussing guidance program with |
| 8. Tutoring individual students | 18. Reviewing school district curricular guides
for your major field |
| 9. Supervising small groups of students | 19. Other - specify under Comments |
| 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.*