## CONFIRMATION OF 1<sup>ST</sup> VISIT FOR FIFLD EXPERIENCE

Student:	······································	OK TILLD L	AI ERIENCE	
Field Experience Assignment:		hours to be completed by week of		
School:	A	ssigned Coope	erating teacher:	
Course ID:				
Via communicati	on with student the fi	irst visit to the	class was scheduled on	•
Schedule:				
			n you are planning on working ir to the number of hours required.	n the classroom.
	Date		# of Hours	
•				
•				
•				
·				
	*(	Continue on ba	nck if necessary	_
Cooperating teacher Signature:			Date:	
Teacher Candidate Signature: Date:				

TO THE STUDENT: This form is to be downloaded and printed out. This form should be given to your course instructor following the first field experience visit. This must be no later than 2 weeks following the confirmation of the assignment of the Field Experience school and cooperating teacher.