



Documentation of Field Experience – Education Program

Students please type up responses and submit to faculty at IHCC

Student candidate name

Student Star ID Number

Name of school where field experience took place

Please fill in the percentages for each of the categories below from the MN Dept of Education State Report Card <http://rc.education.state.mn.us/> (click on Demographics) for the school where you completed your field experiences. If you use some other source, note that source here:

_____ % Students of Color _

_____ % Students qualifying for free/reduced lunch

School/Organization and Full Address	Grade or Age Level(s) and Subject(s)
Type(s) of Experience (Examples: Observation, Interview, Participant Observation, Small Group Facilitation, Teacher Assistance, Volunteer, Educational Assistant, Meeting, etc)	Contact Information of Cooperating Host Teacher Name/ Position Email: Signature:

Date or Date Range	# of Hours	Date or Date Range	# of Hours	Date or Date Range	# of Hours

TOTAL HOURS AT SITE: _____