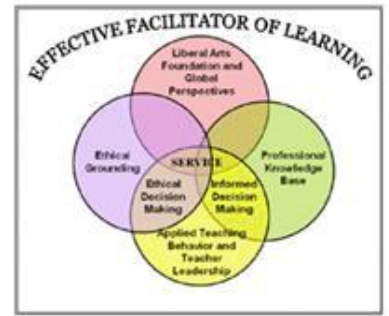




School Experience Log



Directions for students: Complete both sides of this form for each course in which you complete clinical school experiences, each semester. At the end of the semester, submit the form to you instructor, who will place it in your education departmental folder.

NCATE (National Council for Accreditation of Teacher Education) sets a standard for all candidates seeking initial licensure as teachers and other school professionals. Candidates are expected to study and practice in a variety of settings that include diverse populations, students with exceptionalities and students of different ages.

Name:		Program:
Advisor:		Semester:
Course:	Instructor:	Purpose of Clinical Experience:
Course:	Instructor:	Purpose of Clinical Experience:
School:		System:
Grade(s):		Subject(s):
School Enrollment	Characteristics of the school	Characteristics of the students (check all that apply)
<input type="checkbox"/> < 200 students	<input type="checkbox"/> Urban	<input type="checkbox"/> Performing at grade level
<input type="checkbox"/> 200 – 500 students	<input type="checkbox"/> Suburban	<input type="checkbox"/> Performing below grade level
<input type="checkbox"/> 500 – 800 students	<input type="checkbox"/> Rural	<input type="checkbox"/> Performing above grade level
<input type="checkbox"/> 800 – 1200 students	<input type="checkbox"/> Magnet What Type:	<input type="checkbox"/> Gifted/Talented
<input type="checkbox"/> 1200 – 1500 students	<input type="checkbox"/> Other Characteristics:	<input type="checkbox"/> Limited English
<input type="checkbox"/> 1500 – 1800 students		<input type="checkbox"/> International
<input type="checkbox"/> > 1800 students	<input type="checkbox"/>	<input type="checkbox"/> Special Education
		<input type="checkbox"/> African- American
Additional Information		<input type="checkbox"/> Asian
% of students on free/reduced lunch		<input type="checkbox"/> Hispanic
% of students scoring at the proficient level or higher		<input type="checkbox"/> Multi-Racial
% of students scoring below grade level		<input type="checkbox"/> Native American
Other:		<input type="checkbox"/> White
All completed forms are to be submitted to the instructor and filed in the Student's Departmental Folder		

**THAYER SCHOOL OF EDUCATION
WINGATE UNIVERSITY, WINGATE, NORTH CAROLINA 28174**

Time Record

Course Number:	Course Name:	Semester: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer	Year:
Assigned School:		Assigned School Address:	
Grade Level or Subject(s):			

	Date	Time In	Time Out	Total Hours	Activities	Teacher Signature
1						
2						
3						
4						
5						
6						
7						
8						

*A separate time record should be kept for each university course that requires field experience in the public schools. This record should be **submitted to your course instructor** at the conclusion of your observations for evaluation. Your time records become part of your permanent file.*

My signature verifies that the student has made _____ visits to my class for a total of _____ hours.

Teacher Signature: _____

Date: _____