George Mason University—College of Education and Human Development
Field Experience Documentation

FOR THE STUDENT TO COMPLETE:

Name: __________________________ Professor: __________________________

G #:________________ Course: ___________________ Section: ___________________

School: ______________________________GMU Email: _______________________

Grade(s) observed:  __ PK __K__1 __2 __3 __4 __5 __6 __7 __8 __9 __10 __11 __12

1. Dates of Field Experience:

__________________________________________________

FOR THE TEACHER TO COMPLETE:

Please circle/fill in the following information.

1. Did the student report promptly at the prearranged times? YES NO

2. Did the student behave and dress professionally? YES NO

3. Would you be willing to host this student in your class again? YES NO

4. How many total hours did the student observe?

__________________________________________________

By signing the following, I have certified that the student has observed for the dates listed above.

Teacher’s Name: __________________________ Signature: __________________________

Thank you for participating in the preparation of highly qualified teachers by allowing our pre-service teachers to see excellent instruction, classroom management strategies, and student learning.