

Field Experience Observation Credit Form

Student Name (Print): _____ Date: _____

UCM Student ID Number: _____

Number and Name of UCM Class: _____

Check Semester observation completed: ___ Fall 20___
 ___ Spring 20___
 ___ Summer 20___

Name of School District Where Observation Occurred: _____
(examples: Warrensburg R-VI School District or Grain Valley R-V School District)

Name of School Building Observation Occurred: _____
(examples: Woodland Elementary School or Central Middle School or Timberline High School)

Name of School District Teacher Observed: _____

Number of Hours Observed at School Building: _____

Signature of Student: _____

Name of UCM Instructor (Print): _____ Phone Number: _____

Signature of UCM Instructor: _____

The Director of Clinical Services will determine the required areas met from the list below.

Required Areas:

- 720 Experience in a school building with multiple age students.
- 721 Experience in a school building with males and females.
- 722 Experience in a public school setting.
- 723 Experience in a rural school setting.
- 724 Experience in an urban school setting.
- 725 Experience in suburban school setting.
- 726 Experience second language acquisition students in a regular classroom.
- 727 Experience in a school building with a varied racial make-up.
- 728 Experience in a school building with a high free/reduced lunch rate.
- 729 Experience students with special abilities/disabilities in regular classrooms.