

Unreported Field Experience Hours



Submit to: Kristie Williams, College of Education, Assessment Office, 100 Ginger Hall, Morehead State University, Morehead, KY, 40351

Student Name _____ MSU ID Number: _____ Student email: _____

Certification Program: _____

Please use one line per placement.

Incomplete information will not be accepted.

Nature of Experience
Check all that apply

Course Title and Number	Total Field Hours	Term & Year (ex. Fall 2013)	Validation (Select one)		District, School & Teacher (where field hours took place) Hours will not be accepted without this complete information.	Grade Level	English Learners	Students w/Disabilities	Family/Youth Serv. Center	Interactions with Family	School Board	Site Based Council	PLC	Tutoring	Assist School Personnel	Socioeconomic Groups Select One	Racial/Ethnic Minorities (Please write in)
			Signature and email address of institutional representative or course instructor	Syllabus													
				<input type="checkbox"/>	District: School: Teacher:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Med High	
				<input type="checkbox"/>	District: School: Teacher:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Med High	
				<input type="checkbox"/>	District: School: Teacher:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Med High	
				<input type="checkbox"/>	District: School: Teacher:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Med High	
				<input type="checkbox"/>	District: School: Teacher:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Low Med High	
					*Alternative evidence <u>must be attached and include the required number of field hours</u> . No credit will be awarded for any hours beyond the listed amount.		**Explanation of "Other" activities checked above:										

I affirm that the above information reflects an accurate record of my field experience. Further I understand that any misrepresentation on this form or supporting documents will be regarded as a serious ethical violation and will result in my immediate removal from the teacher education program at Morehead State University.

Student Signature _____

Date _____