



EARLY FIELD EXPERIENCE VERIFICATION

Name: _____ Bronco ID#: _____

- Multiple Subjects Single Subject (specify): _____
- Education Specialist (circle: Mild/Moderate or Moderate/Severe)

Title 5 Regulations from the California State University Chancellor's Office require each credential candidate to have participated in a supervised Early Field Experience (EFE) prior to admission to a credential program. This experience must have taken place within the last three years and must consist of at least 45 clock hours of college course practicum or field observations, and/or paid employment, and/or volunteer experience. See section "A" for types of experiences you can use to meet this requirement. The EFE is designed to *simulate* the credential you are seeking, so we may have a preliminary assessment of your potential as a classroom teacher. *The classroom experience should match the credential program for which you are applying.*

Instructions:

- Use a separate form for each field setting, if you observed in more than one setting.
- Answer all items on this form, items A – E.
- Have the supervisor sign and verify information (section F).
- Submit completed form with your credential program application.

A. Type of Experience: Please check one (add additional forms if you did EFE in more than one setting)

- | | |
|---|--|
| <input type="checkbox"/> College course practicum or field observations | <input type="checkbox"/> Adult transition observation or volunteer |
| <input type="checkbox"/> TK -12 classroom volunteer | <input type="checkbox"/> After school program aide/volunteer |
| <input type="checkbox"/> Teacher's aide or paraprofessional | <input type="checkbox"/> Boy Scouts, Girl Scouts, YMCA volunteer |
| <input type="checkbox"/> Substitute teacher | <input type="checkbox"/> Coach, assistant coach |
| <input type="checkbox"/> Teacher employed under emergency cred. | <input type="checkbox"/> Other (specify): _____ |

B. Approximate Age of Children: From _____ years to _____ years old

C. Dates of Field Experience: From _____ / _____ to _____ / _____

D. Total Hours at This Site: _____ **Total Hours at all Sites Combined:** _____

E. Please briefly explain what you did. Attach sheet if necessary.

F. Supervisor's Verification:

Supervisor's Signature _____ Date: _____

Supervisors Name (print): _____

Position/Title _____ Institution: _____

Phone: _____ Email: _____