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)
☐ College course practicum or field observations     ☐ Adult transition observation or volunteer
☐ TK -12 classroom volunteer                        ☐ After school program aide/volunteer
☐ Teacher’s aide or paraprofessional               ☐ Boy Scouts, Girl Scouts, YMCA volunteer
☐ Substitute teacher                               ☐ Coach, assistant coach
☐ Teacher employed under emergency cred.           ☐ 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: ____________________________

Credential Services Office
Cal Poly Pomona
College of Education & Integrative Studies

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