



VALIDATION FORM

Validation of Classroom Observation and Field Experiences

Course Prefix

Course Number

Course Title

Instructor/Professor: _____

This is to certify that _____ SID# _____

has completed a total of _____ clock hours in a public school setting. The validated hours provide documentation that the candidate has participated in a variety of field experiences which include, but are not limited to, classroom observations, small group instruction, whole group instruction, team teaching, attendance at team planning meetings, faculty meetings, local school board meetings, and other experiences in the area of professional education.

Candidate Signature

Date

School District

Supervising Teacher's Signature

Date

School Name

Principal's Signature

Date

School Telephone Number

University Instructor's Signature

Date

Director of Clinical Teaching
& Field Experiences

Date

***All field logs must be turned in with your validation form. All blanks must be filled in and all signatures obtained before being brought to the Director of Clinical Teaching and Field Experiences.**