



**PRAIRIE VIEW A&M UNIVERSITY**  
Whitlowe R. Green College of Education  
**Student Teaching/ Internship and Field Experiences**

**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 student 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.

\_\_\_\_\_  
Student Signature Date School Name Date

\_\_\_\_\_  
Supervising Teacher's Signature Date School District Date

\_\_\_\_\_  
Principal's Signature Date School Telephone

\_\_\_\_\_  
University Instructor's Signature Date Director of Student Teaching & Date  
Field Experience's Signature