TROY UNIVERSITY

CLINICAL TEACHING EXPERIENCE REPORT

INSTRUCTIONS: You must submit a completed report of each Field Experience listed on your Tracking Form. You may access this form and print copies at __________________________. You will return all completed forms with your Tracking Form(s) prior to internship. The forms from EDU 3310 will be submitted to the TEP Coordinator prior to being admitted to TEP.

Educational Experience Report Form

Please print:
Student Name ___________________ Student ID ____________
Date of teaching ______ Location of Observation__________________
Total clock hours observed (1, 1.5, 2, 2.5, 3,...) _____ Time in _____ Time out _____
Troy Course Number ______ Troy Instructor ______________________
Pre-service student name __________________ Grade __________________
Subject(s) Taught ______________________________

Signature of Cooperating Classroom Teacher

________________________________________
School Phone ____________________________ Year Experience __________________

Classroom Activities Used (lectures, small group, large group, individual, activities involved, methods, teacher centered, students centered); this should be a general description of what is going on in the classroom during your full teaching experience.
Was technology used in the classroom during this lesson? Yes _____ No _____

If yes describe what type of technology and how it was used by the teacher and/or by the students?

________________________________________________________________________

________________________________________________________________________

What classroom management techniques did you use while working with this class?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

Please describe your reaction to this class and what you learned in relation to the information from teaching this class. Relate this information to the theoretical and concrete information gained from the University course.

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Student Signature: ________________________________________________

Date: ______________

Troy Classroom Instructor’s Verification Signature: ______________________