TROY UNIVERSITY
OBSERVATION REPORT OF CLINICAL EXPERIENCE

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 observation ________ Location of Observation_________________________
Total clock hours observed (1, 1.5, 2, 2.5, 3...) ______ Time in ________ Time out ______

Troy Course Number ________ Troy Instructor ____________________________
Teacher Observed ___________________________ Grade ___________________
Subject(s) Observed _____________________________________________________

Signature of Teacher observed __________________________________________
School Phone ___________________________ Year Experience ____________

Classroom Activities Observed (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 observation.

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_____________________________________________________________________
Was technology used in the classroom during this observation? 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 this teacher use while working with this class?

______________________________________________________________

______________________________________________________________

______________________________________________________________

Please describe your reaction to this class and what you learned in relation to the information from observing 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:______________