McNeese State University
Department of Graduate Professions
Field Experience Data Form (Self-Report)

Program

☐ Advanced (Graduate, School Counseling)

Name (Last name, First name) _____ Banner ID _____

Street or P.O. Box _____ City _____ State _____ Zip _____

Primary Telephone _____ Secondary Telephone _____ E-mail _____

Education: School Counseling
Major

Dr. Anthony
Advisor

Schools Attended by Candidate

Elementary _____

Middle _____

Secondary _____

Suggested activities to observe or participate in during field experiences (other activities may be assigned by instructor):

- Teach guidance lesson
- Observe a guidance lesson
- Interview a teacher
- Observe a teacher in a classroom setting
- Interview a counselor
- Observe a counselor [specify setting]
- Attend parent-teacher conference
- Conduct parent interview
- Conduct an individual counseling session
- Observe an individual counseling session
- Conduct a group counseling session
- Observe a group counseling session
- Participate in a group counseling session
- Use technology in lesson or working with students
- Use national and state standards in developing/guidance lesson
- Attend school board/faculty meeting
- Interview administrator
- Develop IEP or case study
- Administer interest or career inventory
- Develop Secondary Course Plan
- Administer and/or design pre/posttest
- Develop assessment portfolio
- Attend a cross-cultural experience
- Conduct a cross-cultural interview
- Attend an ESL class
- Attend Community Resource Center

Note: This form must be completed for each course with field experiences. Make multiple copies as needed. Submit completed forms to your instructor at the end of the semester. **Data recorded on this form must be recorded electronically online at http://www.mcneese.edu/gep/master-of-education-in-school-counseling/school_counseling/SCFE and may be required in a course portfolio.**

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Course ____________________ Semester ____________________ Total Hours ____________________

Refer to the small table below the following matrix. For Type of Class and Grade Level, check the appropriate boxes. For Gender, indicate the appropriate number of students included in the field experience.

Site/School Name	Teacher/Contact Person Name, E-mail Address, and Telephone Number	Duration (in hours)	Type of Class					Grade Level	Gender		Ethnicity
			R	RI	SR	SS	O	GR	Male	Female	Asian Bi-racial Black Latino/a White Other
			☐	☐	☐	☐	☐				
			☐	☐	☐	☐	☐				
			☐	☐	☐	☐	☐				
			☐	☐	☐	☐	☐				
			☐	☐	☐	☐	☐				
			☐	☐	☐	☐	☐				
			☐	☐	☐	☐	☐				
			☐	☐	☐	☐	☐				
			☐	☐	☐	☐	☐				

Indices			
Type of Class	**Grade Level**	**Gender**	**Ethnicity**
R: Regular Classroom RI: Regular Inclusion SS: Special Education Self-Contained SR: Special Education – Resource O: Other	GR: Indicate grade level	Male: Indicate number of male students Female: Indicate number of female students	**A**sian **Bi**-racial **B**lack **L**atino/a **W**hite **O**ther