McNeese State University
Professional Education Programs
Field Experience Data Form (Self-Report)

Program
- ☐ Initial (baccalaureate or M.A.T.)
- ☐ Advanced (graduate, not M.A.T.)
- ☐ Alternative (non-degree)

Name (Last name, First name) _____ SSN _____

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

Primary Telephone _____ Secondary Telephone _____ E-mail _____

Major _____ 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):

- Read book
- Teach lesson
- Implement learning center
- Administer interest inventory
- Attend parent-teacher conference
- Develop IEP or case study
- Play game with students
- Administer sociogram
- Administer and/or design test
- Develop bulletin board
- Conduct parent interview
- Tutor students
- Assist teacher with classroom duties
- Assist in technology lab
- Develop assessment portfolio
- Implement cooperative learning activity
- Use technology in lesson or working with students
- Teach series of lessons (unit)
- Observe
- Interview cooperating teacher concerning accommodations
- Use national and state standards in developing/teaching lesson
- Attend school board/faculty meeting
- Participate in duty
- Organize gradebook
- Take attendance
- Assist with field trip or athletic event
- Observe/assist in teaching lab
- Complete lunch report
- Interview administrator

Note: This form must be completed for each course with field experiences. Make multiple copies as needed. Submit completed forms to your advisor at the end of the semester. **Data recorded on this form must be recorded electronically online at http://stpes.mcneese.edu/ and may be required in a course portfolio.**

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Course _____ Semester _____ Total Duration _____

Refer to the legend below the following table. 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	
			R	RI	SR	SS	O	0-3	GR	Male	Female

Legend		
Type of Class	Grade Level	Gender
R: Regular Classroom RI: Regular Inclusion SS: Special Education – Self-Contained SR: Special Education – Resource O: Other	0-3: Birth – 3 years of age GR: Indicate the grade level	Male: Indicate the number of male students Female: Indicate the number of female students