

CSU-Pueblo Teacher Education Program Assignment for Field Experience

Semester/Year

CSU-Pueblo Student Name

PID

Date

Emergency Contact Information for CSU-Pueblo Student

CSU-Pueblo Instructor

CSU-Pueblo Course (Number, Title)

School Name & School Phone

Classroom Teacher (s)

Grade (s)

Subjects

❖ Beginning Date	❖ Ending Date	Day of Week	Time of Day	Total Hours

❖ **Beginning and ending dates must be no less than 10 weeks unless approved by CSU-Pueblo instructor _____.**

_____ has my approval to complete his/her field experience in the classroom and at the times described above. He/she has informed me of the requirements of the experience and presented a letter from the CSU-Pueblo instructor. **Yes** **No**.

Classroom Teacher Signature & **Email Address**

Date

Building Principal Signature

Date

Student Signature

Date

White – School copy

Yellow – University Course Instructor

Pink – Student Copy