

## EARLY FIELD OBSERVATION/PARTICIPATION DOCUMENTATION FORM

Candidate: \_\_\_\_\_ I.D.#: \_\_\_\_\_ Date Submitted: \_\_\_\_\_ Circle One: **Multiple Subject** or **Single Subject**

Circle One: **University Intern** or **Student Teacher** TED 400 Instructor (Name): \_\_\_\_\_ TED 400 Instructor (Signature): \_\_\_\_\_

OBSERVATION			
Requirements		Verification Signatures	
Description	Hours		
Classroom observation of credentialed teacher: <ul style="list-style-type: none"> <li><b>Single Subject:</b> reading/writing in content area</li> <li><b>Multiple Subject:</b> K-2 reading instruction</li> </ul>	<b>10</b>	Credentialed Teacher Name: _____ Sign/Date: _____ School: _____	Credentialed Teacher Name: _____ Sign/Date: _____ School: _____
Classroom observation of credentialed teacher: <ul style="list-style-type: none"> <li><b>Single Subject:</b> in authorized content area</li> <li><b>Multiple Subject:</b> math/science/social science/p.e./art/music</li> </ul>	<b>10</b>	Credentialed Teacher Name: _____ Sign/Date: _____ School: _____	Credentialed Teacher Name: _____ Sign/Date: _____ School: _____
Classroom observation of modifications for ELL and special needs student(s)	<b>5</b>	Credentialed Teacher Name: _____ Sign/Date: _____ School: _____	Credentialed Teacher Name: _____ Sign/Date: _____ School: _____
PARTICIPATION			
Requirements		Verification Signatures	
Description	Hours		
<ul style="list-style-type: none"> <li><b>Single Subject:</b> reading/writing in content area; in authorized content area</li> <li><b>Multiple Subject:</b> K-2 reading instruction; K-8 language arts, social science, math, science, p.e., art, or music</li> </ul>	<b>25</b>	Credentialed Teacher Name: _____ Sign/Date: _____ School: _____	Credentialed Teacher Name: _____ Sign/Date: _____ School: _____
<ul style="list-style-type: none"> <li><b>Single Subject:</b> department meeting, planning meeting, pd, school-wide meeting...</li> <li><b>Multiple Subject:</b> grade level meeting, planning meeting, pd, school-wide meeting...</li> </ul>	<b>5</b>	Grade Level Leader/Dept. Chair Name: _____ Sign/Date: _____ School: _____	Grade Level Leader/Dept. Chair Name: _____ Sign/Date: _____ School: _____
Interviews with resource personnel: <ul style="list-style-type: none"> <li>School administrator/counselor/psychologist/nurse</li> <li>Resource teacher</li> <li>Language acquisition specialist</li> <li>Curriculum specialist</li> <li>District support personnel</li> </ul>	<b>5</b>	Resource Personnel Name: _____ Sign/Date: _____ School: _____	Resource Personnel Name: _____ Sign/Date: _____ School: _____

I verify with my signature below that all of the above information is correct, and that I have completed all CSUDH pre-requisite early field observation/participation requirements.

**Candidate Signature:** \_\_\_\_\_  
**Public School Name:** \_\_\_\_\_

**Date:** \_\_/\_\_/\_\_\_\_  
**District:** \_\_