



# NEVADA STATE COLLEGE SCHOOL OF EDUCATION FIELD EXPERIENCE VALIDATION FORM

(Please Print or Type)

Semester: \_\_\_\_\_

COURSE INFORMATION		
NSC course:	NSC course title	NSC Instructor:

STUDENT INFORMATION			
Last name:	First:	Student ID No.:	
Street address:		Home phone no.: (     )	
P.O. box:	City:	State:	ZIP Code:
Email:			

SCHOOL PLACEMENT INFORMATION		
School:	Teacher:	Grade:

CLASS REQUIREMENTS	
<b>Domain 1: Planning and Preparation:</b> Teacher Interview (200, 300 & 400 level classes)	<b>Domain 2: The Classroom Environment</b> Observation (200, 300 & 400 level classes)
<b>Domain 3: Instruction</b> Observation (200, 300 & 400 level classes), Lesson in content area and reflection (300 & 400 level classes)	<b>Domain 4: Professional Responsibilities</b> Teacher Interview (200, 300 & 400 level classes)

OBSERVATION HOURS			
<b>DIRECTIONS:</b> Indicate the <b>dates, times and hours</b> you spent in the classroom on the calendar below. This form must be signed by the cooperating teacher and given to your instructor to receive credit for the field experience			
Date	Start Time	End Time	Hours
<b>Total Hours completed for this course:</b>			

CLASSROOM DUTIES		
Indicate whether you assisted in any of the following classroom duties:		
Taking attendance	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Collecting/distributing papers	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Grading papers	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Helping students	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Other (describe):		

Cooperating Teacher's Name (Print)	Cooperating Teacher's Email
Cooperating Teacher's Signature	Date
NSC Instructor's Signature	Date

**Please see the Required  
Observation Hours  
Form for minimum  
hours of field experience  
required for each course**