



OTHER FIELD EXPERIENCE

Enter **PRE-APPROVED** activities different than traditional in-class field experiences here. Such activities must be agreed upon between candidate and instructor to count as field experiences. Candidates provide evidence of experience.

Date	Time	Hours	Type of Activities	Signature of teacher/administrator present

Total Other Hours: _____

Total Field/Clinical Hours: _____

Student Signature _____ Date _____

Instructor's Signature _____ Date _____

If reporting other field experience hours, attach this form to the Field Experience Activity Report.