

LEEWARD COMMUNITY COLLEGE

EDUCATION

Associate of Arts in Teaching

Filed Experience (FE) Verification Form

Student's Name: _____

Education Course/Instructor: _____

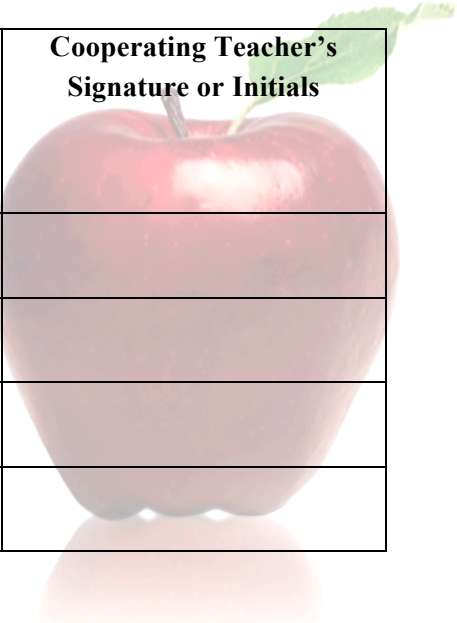
Cooperating Teacher (CT): _____

Grade Level/Content Area: _____

School: _____

School Contact email: _____

Date	Time/hrs.	Type of Teaching Activity (observation, interview, small group, class manager, etc.)	Cooperating Teacher's Signature or Initials



Please sign upon the completion of ten hours of classroom service learning.

Cooperating Teacher signature

Date (dd/mm/yr)

(*students, please keep a copy of this form for your records)