Field Experience Verification Form

Section A: To be completed by the UNCP student:
UNCP Student: Once you have completed the total number of hours required in your field experience, complete section A and then give this form to your cooperating teacher who will fill out section B. 
**Complete one form per teacher.**
Once the cooperating teacher has completed Section B, return this form to your university instructor.

Name ________________________________________ Banner # ____________________________

School ______________________ School District ___________________________ Hours Required ______

Course Title/Number __________________________ Term ______________ Year __________

Instructor’s name ________________________________________________________________

Section B: To be completed by the cooperating teacher:
Please complete section B regarding the UNCP student’s time in your classroom and return the form to UNCP student.

Cooperating Teacher Name (please print) ____________________________________________

- Initial visit date ________________
- Final visit date ________________
- Total hours ________________

Cooperating Teacher’s Signature _________________________________________________

Cooperating Teacher’s Email ______________________________________________________

Section C: To be completed by the university instructor:
Please review each UNCP student’s form to ensure proper completion and the presence of a teacher’s signature. The form for each student in your class, with your signature and date, should be uploaded to the Field Experience Verification Google Drive.

Instructor’s Signature ___________________________________________ Date __________

June 2022