The University of North Carolina at Pembroke Educator Preparation Program

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 coordinate Please complete section B regarding UNCP student.		ur classroom and return the form to
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 un Please review each UNCP student's fo signature. The form for each student Field Experience Verification Google	orm to ensure proper completic in your class, with your signat	on and the presence of a teacher's ure and date, should be uploaded to the
Instructor's Signature		Date