

CAL STATE EAST BAY

CREDENTIAL STUDENT SERVICE CENTER

EARLY FIELD EXPERIENCE VERIFICATION FORM

Have this form completed and signed by personnel/teacher who can verify your hours.

Applicant first and last name _____

Credential Program: Multiple Subject Single Subject

From *Title 5 Regulations from the California State University Chancellor's Office*, CSU East Bay requires teaching credential program applicants to have Field Experience with school age students and experience in a public/private school classroom prior to admission to a credential program.

The 45 Hours of Early Field Experience is required to demonstrate your potential as a classroom teacher. You must have participated in an early field experience **within the last five (5) years** with a group of school-aged students. Tk-5th grade Multiple Subject; 6-12th grade-Single Subject. (Art, Music, PE can vary)

15 of the 45 hours must be in a U.S. public/private school classroom. 30 hours can be other types of experience with small groups (5 or more). **Submit different forms for each organization/school.**

A. Type of Early Field Experience (check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> After School Program/Volunteer | <input type="checkbox"/> Classroom volunteer |
| <input type="checkbox"/> Teacher/Instructional Aide | <input type="checkbox"/> Camp Counselor/Boy/Girl Scouts |
| <input type="checkbox"/> Substitute Teacher | <input type="checkbox"/> Coach |
| <input type="checkbox"/> Other _____ | |

B. Name of Organization/School _____
City, State/Country _____

C. **TOTAL HOURS**

- 45 + hours
 If less than 45 hours, please indicate exact hours _____

D. Approximate age/grade level of students: From: _____ years old to _____ years/grade levels _____

E. Number of children in group (at least 5, no 1-on-1 observation): Approximately _____

F. Dates of Early Field Experience: From (mm/yyyy) _____ to _____

G. Briefly describe what type of activities applicant participated/facilitated:

Supervisor/Teacher name (print): _____ Position/Title: _____

Supervisor/Teacher signature: _____ Date: _____

PLEASE RETURN THIS SIGNED FORM TO APPLICANT, FOR APPLICANT TO SUBMIT WITH DEPARTMENT APPLICATION