SOUTHERN WESLEYAN UNIVERSITY Field Experience Visit Report (to be submitted within 10 days of visit)

350 Field Experience____ or Pre-Clinical Experience____ (please check one)

Teacher Candidate:			Rep	Report No:	
Date:Time of arrival:Time		Time of Departure:	Departure:Total Time		
Teacher's name:		Grade/Subject :			
Principal's name	e:				
School:	(Name)				
(Name)	(Street A	Address)		
(City)	(State)	(Zip)	((() (Phone)	
Describe the kinds	s of activities you were involv	ed in while in the classroom	٦.		
	Circle the s	strategy or strategies use	ed by the teacher.		
	direct instruction field e				
	nstorming laboratory/sho play academic games in				
		dependent study compo	cuiloris collaborau	ve learning and and	
	Circle the co	ntent format or formats us	sed by the teacher.		
toyte computer	rs periodicals resource/r		•		
worksheets ma	anipulatives charts/diagra	ams exhibits/displays a	udio/visual aids b	ulletin board Internet	
work-study pro	blem-solving situations re	esource person other ap	opropriate format _		
\\/ a_a_t_i_a_a_a_t_did	the exercises and exert	ant farmat(a) was d by the	4000box box o oo ot	dant laamin a2	
vvnat impact did	the strategie(s) and conte	ant format(s) used by the	teacher have on st	udent learning?	
			(Teacher Can	didate Signature)	
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