

YORK COLLEGE of PENNSYLVANIA

Department of Education
Office of Field Experience
York, PA 17405-7199
(717) 815-1454

Special Education Course-work
Field Experience Credit Form

STUDENT : (Student completes this section) **PLEASE PRINT!**

Student's Name _____ Student ID#: _____

Student Address _____
City _____ State _____ Zip Code _____ Phone # _____

Email Address that you use: _____

Check Year: Fr. _____ So. _____ Jr. _____ Sr. _____ Cert. Only _____

COURSE : (Student completes this section) **PLEASE PRINT!**

Name of Course _____ Professor's Last Name: _____

EXPERIENCE : (Student completes this section) **PLEASE PRINT**

School/Organization/Company Name: _____

Name of person you worked with: _____ Phone #: _____

Address: _____
City: _____ ST: _____ Zipcode: _____

Began (mm/yyyy) _____ Ended (mm/yyyy) _____ Total # of hours _____

EVALUATION : (Person named above completes this section)

	Excellent	Good	Satisfactory	Unsatisfactory
1. Ability to get along with students				
2. Punctuality				
3. Speech				
4. Cooperation				
5. Initiative				
6. Attitude				
7. Ability to follow directions				
8. Ability to take criticism				
9. Ability to attend to details				
10. Appropriate attire				

Comments:

Signature of person named above: _____ Date: _____

Professor

I certify that the above named student has successfully completed Field Experience requirements for the Special Education course indicated above.

Number of hours of Field Experience credit: _____ Date: _____

Professor's Signature: _____