

STUDENT ID # (Required)

The College of Saint Rose
Teacher / Special Education Programs
Field Experience Evaluation by Host Teacher

STUDENT NAME

Section I. Completed by the Student:

Semester: _____ Year: _____

Course/Number _____ Course Instructor: _____ Instructor Email: _____

Program: Note Discipline/Concentration: _____ (then choose program from the choices below)

Undergraduate: ___ ECE ___ Inclusive Early Education ___ Dual ECE/Special Education ___ Childhood Education ___ Dual Childhood/Special Education
___ Adolescence Education ___ Dual Adolescence/Special Education (5 year BA/MSED)

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