

# Clinical Experiences Placement and Verification Form

(Must be returned to the University Course Instructor)

Student's Printed Name: \_\_\_\_\_

By signing this form, I verify that this is a true and honest statement that I attended school on these days and at the hours listed and was involved in the activities verified on the stated dates.

Student's signature: \_\_\_\_\_

Course #: \_\_\_\_\_ Section: \_\_\_\_\_ Course Name: \_\_\_\_\_

Name of Public School(s) Observed: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

## CANDIDATES SHOULD NEVER BE LEFT ALONE WITH CHILDREN

DATE	TIME <i>(hrs. /mins.)</i>	TOTAL TIME	Description of Participation By ECU student	Teacher's Initials
EX. <u>9/07/11</u>	<u>8:00 - 9:30</u>	<u>1.5 hrs.</u>	<u>tutored small group of children</u>	<u>VMC</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

TOTAL: \_\_\_\_\_

Teacher's Signature: \_\_\_\_\_  
(sign at completion of total experience)

University Instructor retain form for course record