	THREE-C		DUCATION FIELD EXPERIENCE PRACTICUM n for Field Placement		
Note:	A minimum approved pl		40 hours of supervised field experience is required and must be completed at an nent.		
Studen	ťs Name:				
Address:					
Home Phone:			Last 4 digits of SS#:		
Place c	of Field Study				
		(Name)			
		(Address)			
		(Area Code)	(Telephone Number)		
Program Compliance:		e:State Licensed	Board of EducationExempt from Licensing		
Positio	n Title:				
Working from:			to		
		(Month/day/yea	ar) (Month/day/year)		
Hours per week:			Total Hours:		
	Briefly descri the make-up of families; staffing; physical env schedule; mission and techniques of	vironment—indoors and outo	rou work for in terms of: bys, number of girls, ages, ethnicity, special needs, typ doors (organization, materials available, safety factors nd		
2.	Describe you	r responsibilities and the sp	pecific activities you perform(ed) in your position.		
Supervisor:		(Name)	e) (Title)		
		(Telephone number)	(E-Mail)		

CHARTER OAK STATE COLLEGE

Supervisor's educational background:

- □ Associate
- □ Bachelor
- □ Masters
- □ Doctorate

Indicate the field in which supervisor received the degree:

_____ The number of years the supervisor has worked in the area of after school education or school age child care.

THE INFORMATION PROVIDED BY THE STUDENT IS CORRECT.

(Check one) Yes	No
If no, please comment:	
Supervisor's signature:	Date:
	to release the information requested on the application College and the faculty consultant chosen by the

Student's Signature

Date