



Office of Educator Preparation Services

Phone: (607)436-2538

FIELD EXPERIENCE AUTHORIZATION FORM

Semester Information: Fall Spring

Year: _____

SUNY Oneonta Student's Name: _____

Course Identification (i.e. EDUC 1060): _____

Instructor of College Course (Name): _____

Number of Hours Required: _____

SUNY Oneonta Student: Please turn this documentation into your course instructor after you have completed this requirement

Dear Cooperating Teacher,

Thank you for hosting a SUNY Oneonta Education student and allowing them to complete some very important clinical practice observation hours in your classroom. We truly appreciate your time and support of our future teachers. Please complete & sign this portion of the form (at the conclusion of the observation period), as it is our proof that our students spent the noted hours in your building and classroom. If you have any questions or concerns, please contact our office.

Cooperating Teacher (Please PRINT name): _____

Grade Level/Subject Area: _____

School Name & Address: _____

The above-mentioned SUNY Oneonta Education student completed their field experience on the following dates & times:

DATE	TIME(S)	HOURS	Teacher Signature