



TOURO COLLEGE

Graduate School of Education
Graduate Programs in Education and Special Education
Office of Student Teaching
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Professor Jeffrey H. Dicker, *Director of Student Teaching* **Professor Eileene Leibowitz**, *Assistant Director of Student Teaching*

**Master of Science in Education & Special Education
Field Experience Verification Form**

(To be completed by Touro field experience professor.)

Field Experience Student _____ Course _____

Cooperating Teacher _____

Field Experience Instructor _____

Semester _____ Date _____

School and Location _____

Class _____ Type of Class _____ Room # _____

Comments on Appropriateness of Setting:

Comments on Student's Responsibilities and Activities:

Student work with children from high need community in this or other school:

School # or Name:

I am participating in field experience course _____, and I am documenting my activities as set forth in the student field experience guide. The course requirements have been reviewed by my instructor _____ and me.

Additional Comments:

Professor's Signature

Date

Student's Signature

Date