

Field Experience Verification Form

Southwestern Assemblies of God University (SAGU)
Teacher Education Department, 1200 Sycamore Street, Waxahachie, TX 75165

Print Legibly in Ink

Student: _____ SAGU Course Name: _____

SAGU Instructor: _____ School Observed: _____

Teacher(s) Observed: _____

TOTAL TIME (Including Both Sides): HOURS _____ MINUTES _____

USE A SEPARATE FORM FOR EACH SAGU COURSE REQUIRING OBSERVATION HOURS

<u>Grade/Subject</u>	<u>Date</u> (Month/Day/Year)	<u>Time</u>	<u>Interactive Elements</u> *Add additional pages if needed	<u>Teacher's Signature</u>
		From: To:		
		From: To:		
		From: To:		
		From: To:		
		From: To:		
		From: To:		
		From: To:		

Continue on Reverse Side (if needed)

