

Classroom Observation Form

Please print & complete this form, have the teacher/principal/supervisor sign it, and upload to your online application.

Applicant Name:

Proposed Graduate Program: Education Year you wish to begin:
Proposed Degree Objective: MA/Credential

School/location in which field observation took place:

School/location phone number:

Start date of observation: End date of observation: **Total Hours:**

Name of the teacher/principal/supervisor in charge of the observation:

Please provide a brief description of your hours of observation in a California public school/other setting:

The intent of this form is to obtain a record of the applicant's experience in working with children or adolescents in a public school classroom or similar setting. Due to the wide variety of field experiences, there is no accurate basis for comparison. Therefore, the School of Education prefers that the applicant's performance **NOT** be evaluated by the teacher/verifier.

Signature: _____

Date: _____

Education Credential Program
University of California
School of Education Building, Room 261
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Davis, CA 95616