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 (note grade level):

__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

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. **NOTE: Teacher or principal signs below.**

Signature: ____________________________ Date: ____________________________

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