

**AUGUSTA UNIVERSITY  
COLLEGE OF EDUCATION**

**Field Experience Documentation for  
SPED 3002/5002 Students  
Employed in the School System**

Name: \_\_\_\_\_ Student ID Number \_\_\_\_\_

Date: \_\_\_\_\_ E-Mail \_\_\_\_\_@augusta.edu

Class: \_\_\_\_\_ Professor: \_\_\_\_\_

School Where Employed: \_\_\_\_\_

Position: Teacher \_\_\_\_\_ Paraprofessional \_\_\_\_\_

Grade Level: \_\_\_\_\_ Content Areas (if Middle Grades or Secondary): \_\_\_\_\_

***Principal's Approval: I certify that the person named above is employed either full-time or part-time in a classroom in my school. I understand that if any problems arise, I need to immediately contact AU's Department of Teaching & Leading Field Experience Coordinator.***

\_\_\_\_\_  
Principal's Signature

\_\_\_\_\_  
Date

***Teacher Candidate's Approval: I attest that this information is true and accurate. I also understand that if for any reason my employment is changed or terminated, it is my responsibility to inform the Field Experience Coordinator immediately.***

\_\_\_\_\_  
AU Student's Signature

\_\_\_\_\_  
Date

**Return this form to:  
Field Experience Coordinator  
Department of Teaching & Leading  
3<sup>rd</sup> floor - University Hall**