East Carolina University

Field Experience Form for **Middle Grades Education** Only

ECU values our partnership with Pitt County Schools and is committed to producing quality teachers. Please contribute to our profession by volunteering to work with practicum students while helping you meet Standard 1 (leadership) on the current evaluation instrument. This form will serve to place students for fall and spring semesters.

Teacher's Name (Last, First) _____

School _____ Grade Level _____ Subject _____

Email Address _____

Please Mark Below if you will allow students to be part of your classroom for the following types of coursework.

Course	Hours	Description	Number of Students
MIDG 2123** Early Experience for Prospective Teachers	As determined by instructor	Observe and participate with assistant type activities. Students can be as involved as much as teacher feels comfortable. Students should not be left alone with children.	
MIDG 3001	As determined by instructor	Shadow experiences with middle school students; assignments emphasize cognitive, social, moral, physical, and psychological domains of development.	
MIDG 3010/3022	As determined by instructor	In this course, middle grades education students will learn and apply basic methods of curriculum such as how to develop performance objectives, assessment instruments, and instructional strategies. Students will also learn and apply basic methods of instruction such as how to motivate learners, review prior knowledge, present content, and provide feedback. Finally, students will practice many of these skills at a local middle school middle school.	

☐ **Check here if you are willing to work with students for all of their practicums.** ☺

_____Check here if you will have a Senior II intern in the Fall.

_____Check here if you will have a Senior II intern in the Spring.

If you have any concerns about a practicum student, please contact the Office of Clinical Experiences at 328-6051 or at practicum@ecu.edu . Please make us aware of any issues immediately.   Thank you for volunteering to work with practicum students.

To be completed by the Office of Clinical Experiences

Fall Semester			Spring Semester		
Name of Student	Course #	Date	Name of Student	Course #	Date