FIELDWORK CONTRACT

STUDENT:  UG___ GRAD___ STUDENT ID: ________________

I, ______________________________, have met with the cooperating teacher and we have

Last,  First

discussed the responsibilities and expectations for fieldwork. We have also agreed on my schedule.

__________________________                                               _____________________
Starting Date                                                             Ending Date

EDUC/EDSE/EDLS/EDCE ______________________________                      Course Number

__________________________                                               ___________________
Student’s Signature                                                Date

COOPERATING TEACHER

I understand that I will be responsible for signing timesheets and an end-term evaluation to be

returned to the Office of Field Experiences.

If the arrangement between the student and myself, does not meet the needs of my classroom or the

course I will bring it to the immediate attention of the Office of Field Experiences.

__________________________                      ____________________                      ___________________
Name of Cooperating Teacher (Print)                School                      Grade

__________________________                      ___________________
Cooperating Teacher’s Signature                   Date