

The City College
of New York

SCHOOL OF EDUCATION / OFFICE OF CLINICAL PRACTICE –
Fieldwork & Student Teaching
Tel. (212) 650-6915

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