

**School of Education & Allied Studies**  
**Pre-practica Field Experience Requirement Verification**

Name: \_\_\_\_\_

Student Number: \_\_\_\_\_

Professional Education Program you are applying for: \_\_\_\_\_

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1. This student has successfully completed the field-based requirement of the introductory course for this program:

Please check one:

\_\_\_ ECED 230

\_\_\_ EDHM 210

\_\_\_ ELED 220

\_\_\_ PHED 205

\_\_\_ SPED 202

School(s)/program(s) and Community where field experience was/were completed:

\_\_\_\_\_

Grade Level: \_\_\_\_\_

BSC Instructor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OR

2. This student has completed his/her field-based requirement through another means. See attached documentation (must specify site and grade level).

BSC Advisor's Signature: \_\_\_\_\_ Date: \_\_\_\_\_