Field Experience Proposal Form

Student Name:_____

Valencia Student ID Number: V _____

I have received a request from _____ to host a Directed Field Experience. I agree to assist and supervise the above named student. I understand that I am welcomed to contact Dr. Molly McIntire anytime during this field experience at (407) 582-5473 with any issues or concerns regarding this field experience.

_____ **Supervising Teacher Name**

_____ **Supervising Teacher Signature**

_____ **Supervising Teacher Email**

_____ **Grade Level**

_____ **Subject Area**

_____ **Date**

_____ **Host School Name**

_____ **Host School Address**

_____

_____ **Host School Phone Number**

_____ **Principal Name**

_____ **Best Time to Contact**

Comments: