

SUNY New Paltz
Early Childhood/Childhood Education B-6
Independent (Pre-Program) Fieldwork

Student Name _____ ID Number _____
Facility _____ Age Group _____

Number of hours at site _____ (need a minimum of 30 hours)

Please describe the following:

1. Features of the student's interactions with children
2. Student's responsibilities/duties

Director/Supervisor/Teacher signature _____

Date _____ Contact Phone # _____

Return to: Early Childhood/Childhood Education Advising Office, Old Main B122
Fax to: 845-257-3575 Telephone: 845-257-2807

