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

Student Name ________________________________  ID Number ________________________________

Facility ________________________________  Age of Children ________________________________

Number of hours at site _________________ (need minimum of 30 hours)

Please describe the following:
1. Features of 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: 845-257-3575  Telephone: 845-257-2807