

Independent (Pre-Program) Fieldwork

Early Childhood/Childhood Education B-6

Student Name:	ID number:
Facility:	Age of Children:
Number of hours at site (need a minimum of 30):	

Please describe the following:

- Features of the student's interactions with children
- Student's responsibilities/duties

<Insert response here>

Director/Supervisor/Teacher signature:	
Date: Click or tap to enter a date.	Contact Phone Number:

Please return to: Department of Teaching & Learning- Early Childhood/Childhood Education, Old Main 115

Email to: ecce@newpaltz.edu

Telephone: (845) 257-2860

Fax: (845) 257-2846