Master of Arts in Teaching
Field Experience Survey

In an attempt to place you in a school for the field experience component required for the classes in which you are enrolled and that will be the least disruptive to your schedule, I am asking that you answer the following questions and return ASAP. **This is extremely important.**

Return to your instructor or send to the School of Education at Greenville College.

Name_______________________________________    Student ID # ________________________

Address______________________________  E-mail ______________________________________

______________________________________  Campus:  GM  LC  BV  KC  (circle 1)

______________________________________  Major:  Elementary _____  Secondary   ________

Phone # _______________________ Secondary emphasis _______________________

ALL Method Classes Require Field Experience:

You will be assigned a mentoring teacher (FET - Field Experience Teacher) at the beginning of each class. **You will make contact with that teacher with in one (1) week of the placement to make arrangements for your classroom visits.**

Which grade band(s) would you prefer placement_____  ____  _____   _____  ____  No preference _____

PK  K-2  3-5  6-8  9-12

Preference for placement. NOT GUARANTEED. Please list 3-4 schools or Districts which would be within 25 miles of your home and accessible for Field Experience placement. **Must NOT be where you have children attending.**

School _________________________  Phone # _____________________ Miles from home _________

School _________________________  Phone # _____________________ Miles from home _________

School _________________________  Phone # _____________________ Miles from home _________

School _________________________  Phone # _____________________ Miles from home _________

**If you are a Full-time Aide or Long-term Sub, please complete the following:**

School Name ______________________________  Principal __________________________________

Grade level or Special Ed. Class Name __________________________________________________

Last Revised on 10/17/05                  Signature ______________________________