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**Department of Teaching and Learning**

**College of Education**

 *Candidate’s Field-Based Experience Information (CFBEI)\**

 **Information to be documented in PASS-PORT**

**Part I: To be completed by the teacher candidate.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course #: \_\_\_\_\_\_\_\_\_\_\_ Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

School/Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Parish/District: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Teacher’s Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade:\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time in:\_\_\_\_\_\_\_\_\_Time out:\_\_\_\_\_\_\_\_\_\_ / Teacher’s Initial \_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time in:\_\_\_\_\_\_\_\_\_Time out:\_\_\_\_\_\_\_\_\_\_ / Teacher’s Initial \_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time in:\_\_\_\_\_\_\_\_\_Time out:\_\_\_\_\_\_\_\_\_\_ / Teacher’s Initial \_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time in:\_\_\_\_\_\_\_\_\_Time out:\_\_\_\_\_\_\_\_\_\_ / Teacher’s Initial \_\_\_\_\_\_

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time in:\_\_\_\_\_\_\_\_\_Time out:\_\_\_\_\_\_\_\_\_\_ / Teacher’s Initial \_\_\_\_\_\_

**Total Time in Field:\_\_\_\_\_hours\_\_\_\_\_\_minutes**

Level 1(Observation/Participation): Level 2 (Direct Teaching/Tutoring):

One-on-one: \_\_\_ One-on-one: \_\_\_

Small Group: \_\_\_ Small Group: \_\_\_

Large Group: \_\_\_ Large Group: \_\_\_

**Part II: Information from Classroom Information Form B (FBECI): *Indicate the number of students participating in the classroom activity or being observed.***

***Breakdown of participants:*** *Please indicate a numerical value for each.*

Total Number of Students:\_\_\_\_\_\_\_ Males:\_\_\_\_\_\_\_\_ Females:\_\_\_\_\_\_\_\_\_\_\_

Total Number of Students with Exceptionalities:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Indicate the number of students participating in the activity.***

\_\_\_\_\_Autism \_\_\_\_\_Deaf/Blind \_\_\_\_\_ ESL \_\_\_\_\_Developmental Delay

\_\_\_\_\_Gifted \_\_\_\_\_Hearing Impairment \_\_\_\_\_Emotional Disturbance

\_\_\_\_\_Infant and Toddlers with Disabilities \_\_\_\_\_Mental Disability

\_\_\_\_\_Other Health Impairment (may include ADD) \_\_\_\_\_Multiple Disabilities

\_\_\_\_\_Specific Learning Disability \_\_\_\_\_Orthopedic Impairment

\_\_\_\_\_Speech/Language Impairment \_\_\_\_\_Talented

\_\_\_\_\_Traumatic Brain Injury \_\_\_\_\_Visual Impairment

\_\_\_\_\_Temporary Disability (i.e., broken arm or leg, etc.) \_\_\_\_\_Limited Proficiency

***Grade Levels:*** *Select the grade(s) of the participants:*

\_\_\_\_\_Early Intervention (Birth to 3) \_\_\_\_\_Pre-K \_\_\_\_\_Kindergarten

\_\_\_\_\_1st \_\_\_\_\_2nd \_\_\_\_\_3rd \_\_\_\_\_4th

\_\_\_\_\_4.5 \_\_\_\_\_5th \_\_\_\_\_6th \_\_\_\_\_7th

\_\_\_\_\_8th \_\_\_\_\_8.5 \_\_\_\_\_9th \_\_\_\_\_10th

\_\_\_\_\_11th \_\_\_\_\_12th

***Ethnicity:*** *Please indicate the number of students for each ethnicity within the class.*

\_\_\_\_\_American Indian or Alaskan Native \_\_\_\_\_Hispanic

\_\_\_\_\_Asian or Pacific Islander \_\_\_\_\_Not Reported

\_\_\_\_\_Black, Non-Hispanic \_\_\_\_\_White, Non- Hispanic

\_\_\_\_\_Foreign/Non-Resident Alien

**Part III: To be completed by the candidate and signed by the classroom teacher. The classroom teacher will sign after each DIFFERENT field experience occurs.**

***Subject Observed/Taught:*** *Indicate time spent in each subject*

Art/Music \_\_\_\_\_\_hrs. \_\_\_\_\_\_min.

Business \_\_\_\_\_\_hrs. \_\_\_\_\_\_min.

Foreign Languages \_\_\_\_\_\_hrs. \_\_\_\_\_\_min.

Health/PE \_\_\_\_\_\_hrs. \_\_\_\_\_\_min.

Language Arts \_\_\_\_\_\_hrs. \_\_\_\_\_\_min.

Mathematics \_\_\_\_\_\_hrs. \_\_\_\_\_\_min.

Science \_\_\_\_\_\_hrs. \_\_\_\_\_\_min.

Social Studies \_\_\_\_\_\_hrs. \_\_\_\_\_\_min.

Special Education \_\_\_\_\_\_hrs. \_\_\_\_\_\_min.

Other \_\_\_\_\_\_hrs. \_\_\_\_\_\_min.

Specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**TOTAL** \_\_\_\_\_\_hrs. \_\_\_\_\_\_min.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Teacher’s Signature Date Candidate’s Signature

Reflection of Learning: A reflection (four to five sentences) is required for entry into

PASS-PORT.

***NOTE: To be completed by the candidate and data entered in PASS-PORT***