

**PENN STATE SCHOOL OF MUSIC
40-HOUR FIELD EXPERIENCE DOCUMENTATION FORM
MUSIC EDUCATION**

To be completed by the Penn State student:

Name: _____ PSU Email: _____

Campus address: _____ PSU ID #: _____

High school from which you graduated: _____

Hometown (town and state): _____

About the field experience:

Location (school or organization): _____

School District (if applicable): _____

Dates when the experience occurred: _____

Total hours of experience: _____

Cooperating teacher or supervisor: _____

Total number of children observed: _____ Number of classes/groups observed: _____

Grade level(s) of the children: _____

Was the experience in a music setting: yes no

Did the majority of students in the setting have special needs: yes no

Specifically describe the setting and how you participated in this experience:

To be completed by the cooperating teacher or supervisor:

Name (please print): _____ Email: _____

Title/Position: _____ Phone: _____

School or Organization: _____

Signature: _____ Date: _____

Comments: