**Field Experience Timesheet**

**Dakota State University**

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| School |  | Student’s Name |  |
| Address |  | Cooperating Teacher(s) |  |
|  |  |  |  |
| Phone Number |  | Semester |  |

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| Date | Time In | Time Out | Except | Cultural | Demog | Age/Gr | Activity |
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| **EXCEPTIONALITY** | **CULTURAL** | **DEMOGRAPHICS** | **AGE/GRADE** |
| MR | Mental Retardation | C | Caucasian | R | Rural – our area | A | Adult |
| MD | Multiple Disabilities | NA | Native American | US | Urban/suburban | HS | High School 9-12 |
| OI | Orthopedic Impairment | A | Asiatic |  |  | MS | Middle School 6-8 |
| D | Deafness | BA | Black American |  |  | UE | Upper Elementary 4-5 |
| DR | Deaf-Blindness | H | Hispanic |  |  | P | Primary K-3 |
| A | Autism | O | Other |  |  | PS | Pre-School |
| HI | Hearing Impairment |  |  |  |  |  |  |
| OHI | Other Health Impairment |  |  |  |  |  |  |
| SED | Serious Emotional Disturbance |  |  |  |  |  |  |
| SLD | Specific Learning Disability |  |  |  |  |  |  |
| SLI | Speech/Language Impairment |  |  |  |  |  |  |
| TBI | Traumatic Brain Injury |  |  |  |  |  |  |
| VI | Visual Impairments |  |  |  |  |  |  |

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| **Upon completion of field experience, please have the cooperating teacher(s) sign and return this timesheet with the evaluation form.** |  |
|  | Cooperating Teacher Signature |