# Field Experience Timesheet
# Dakota State University

School _____ Student's Name _____

Address _____ Cooperating Teacher(s) _____

_____ _____

Phone Number _____ Semester _____

| 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 | | | | | | |

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

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Cooperating Teacher Signature