Verification of First Meeting at Field Work Site

Marquette University field student, _________________________________, made her/his first visit to my classroom on _____________________________ for _____________ hours.

Cooperating Teacher Name: ____________________________________________

Cooperating Teacher Signature: __________________________________________

Date: __________________________

Field student completes this portion and returns form electronically to Kirsten Lathrop (kirsten.lathrop@marquette.edu) or Janet Cleary (janet.cleary@marquette.edu) by designated due date.

In the case of EDUC 2227 students, please return this form to your course instructor!

I have made arrangements with my cooperating teacher to report to her/his classroom this semester every week for field work:

Day(s) of Week: ____________________________ Time Frame: __________________

Day(s) of Week: ____________________________ Time Frame: __________________

Marquette Student Name (print): ____________________________________________

Marquette Student Signature: ____________________________________________

Date: __________________________